DOCUMENT RESUME

ED 315 417 SP 032 069

TITLE Health Services Manual. Hicksville Public Schools.
PUB DATE 87
NOTE 194p.; Dot matrix type; xeroxed exhibits, forms, and other occasional legibility problems.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Accidents; Child Abuse; *Communicable Diseases; First Aid; Immunization Programs; Physical Education; *Physical Examinations; Recordkeeping; *Reports; *School Health Services; Screening Tests

ABSTRACT

This procedure manual describes the uniform procedures used by the Hicksville, New York School District's Health Services Program. Its objectives are to establish a uniform set of health services guidelines and procedures, to update all health forms, to maintain an awareness of the current changes in health laws that govern school districts, and to provide a reference for all staff. Topics covered in the manual include: (1) health information series; (2) mandated screenings; (3) communicable diseases; (4) immunization; (5) medication in the school setting; (6) annual physical examinations; (7) sports physical examinations; (8) physical education restrictions; (9) new entrants; (10) student accidents; (11) employee report of injury; (12) forms for health office use; (13) first aid A to Z and emergency procedures; (14) cumulative health record; (15) home instruction; (16) transportation; (17) child abuse; and (18) substitute school nurse. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED315417

SP

HEALTH SERVICES MANUAL

Hicksville Public Schools
Hicksville, NY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R.W. Durso

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SP 032 067

BOARD OF EDUCATION

Thomas F. Nagle, President

Daniel E. Arena, Vice-President

Daniel C. Mac Bride, Secretary

William P. Bennett

Carole R. Wolf

Jo Ann Miltenberg

Mark T. Cardella

Dr. Catherine J. Fenton
Superintendent of Schools

G. Robert Couillard, Ph.D.
Assistant Superintendent
Educational Services

Robert Greenberg
Director Special Education
and
Pupil Personnel Services

COPYRIGHT 1987

BY THE BOARD OF EDUCATION OF HICKSVILLE, NEW YORK

Application for permission to reprint any section of these materials should be made to the Superintendent of Schools, Hicksville Public Schools, Hicksville, New York 11801. Reprint of any portion of this document should include the line:

"Reprinted by permission of the Board of Education of Hicksville, New York."

ACKNOWLEDGEMENT

This manual is the result of the dedication, commitment, effort and pride of two of our school district's school nurses. It is with the same sense of pride that I congratulate Ms. Kathleen Arena and Ms. Marge Dalo on what is a monumental accomplishment and a demonstration of their high degree of professionalism.

To accomplish their task Ms. Arena and Ms. Dalo spent endless hours attending conferences, researching regulations and guidelines and reviewing all available materials. These two women were self directed and determined to develop a manual which would indeed be a model for other districts, in New York State, to emulate. I believe they accomplished their mission.

I would also like to acknowledge the contributions of Ms. Elizabeth Shea who not only typed the entire manual, but whose organizational skills served to put it in its final form.

A special thanks must also be extended to the young men and women attending the Developmental Learning Program at the Senior High School who collated the manuals for distribution.

Robert Greenberg
Director of Special Education
and Pupil Personnel Services
January 26, 1987

TABLE OF CONTENTS

Preface

Objectives

Section I Health Information Series

Section II Mandated Screenings

Section III Communicable Diseases

Section IV Immunization

Section V Medication in the School Setting

Section VI Annual Physical Examinations

Section VII Sports Physical Examinations

Section VIII Physical Education Restrictions

Section IX New Entrants

Section X Student Accidents

Section XI Employee Report of Injury

Section XII Forms for Health Office Use

Section XIII First Aid A to Z and Emergency Procedures

Section XIV Cumulative Health Record

Section XV Home Instruction

Section XVI Transportation

Section XVII Child Abuse

Section XVIII Substitute School Nurse

PREFACE

The Hicksville School District is committed to developing a health services program which serves the particular needs of the children who attend its schools as well as the community in which the schools operate.

This Procedure Manual has been compiled according to New York State Education Department guidelines and mandates for school health services. It describes the uniform procedures used by the Hicksville School District Health Services program. This manual is designed so that new additions, updates and changes can be made as necessary.

The following pages provide guidelines only. All health professionals know that each situation must be assessed individually using good judgment and up to date skills.

OBJECTIVES

To establish a uniform set of health services guidelines and procedures.

To update all health forms.

To maintain an awareness of the current changes in health laws that govern school districts.

To provide a ready reference for all staff.

SECTION 1

HEALTH INFORMATION SERIES

1. AIDS
2. FOOD POISONING
3. HEPATITIS
4. HERPES
5. INFECTIOUS MONONUCLEOSIS
6. IMPETIGO
7. MEASLES
8. PEDICULOSIS (HEAD LICE)
9. PINWORM
10. PLANTAR WARTS
11. RINGWORM
12. SCABIES
13. TICKS/LYME DISEASE/ROCKY MOUNTAIN SPOTTED FEVER
14. TUBERCULOSIS

HEALTH INFORMATION SERIES NO.1

AIDS HTLV-111 VIRUS

1. Most school age youngsters infected with Aids pose no risk of transmission of the virus to others in the school setting.

2. Acquired immune deficiency syndrome (Aids) is a disease complex characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with Aids are vulnerable to one or more unusual infections or concerns that usually do not pose a threat to anyone whose immune system is working normally.

3. Mandatory screening for Aids for school entry is not warranted at this time.

4. Decisions regarding the type of educational and care setting for Aids infected children should be based on behavior, neurologic development and physical condition of the child and the expected type of interaction with others in the setting.

5. The above decision is best made by the team approach including the child's physician, public health personnel, the child's parent or guardian and personnel associated with the educational setting, e.g. school nurse, teacher, principal. Risks and benefits should be weighed.

6. The school authorities will review each case individually with appropriate medical personnel and child's parents.

7. Privacy will be respected for such children consistent with special precautions needed to protect both the child and those with whom they come in contact.

8. <u>Important</u>: Staff Health Education to Avoid Panic - School authorities will inform staff, students and parents concerning Aids and its transmission.

BOOKLET

Acquired
Immune
Deficiency
Syndrome

100
Questions
and Answers

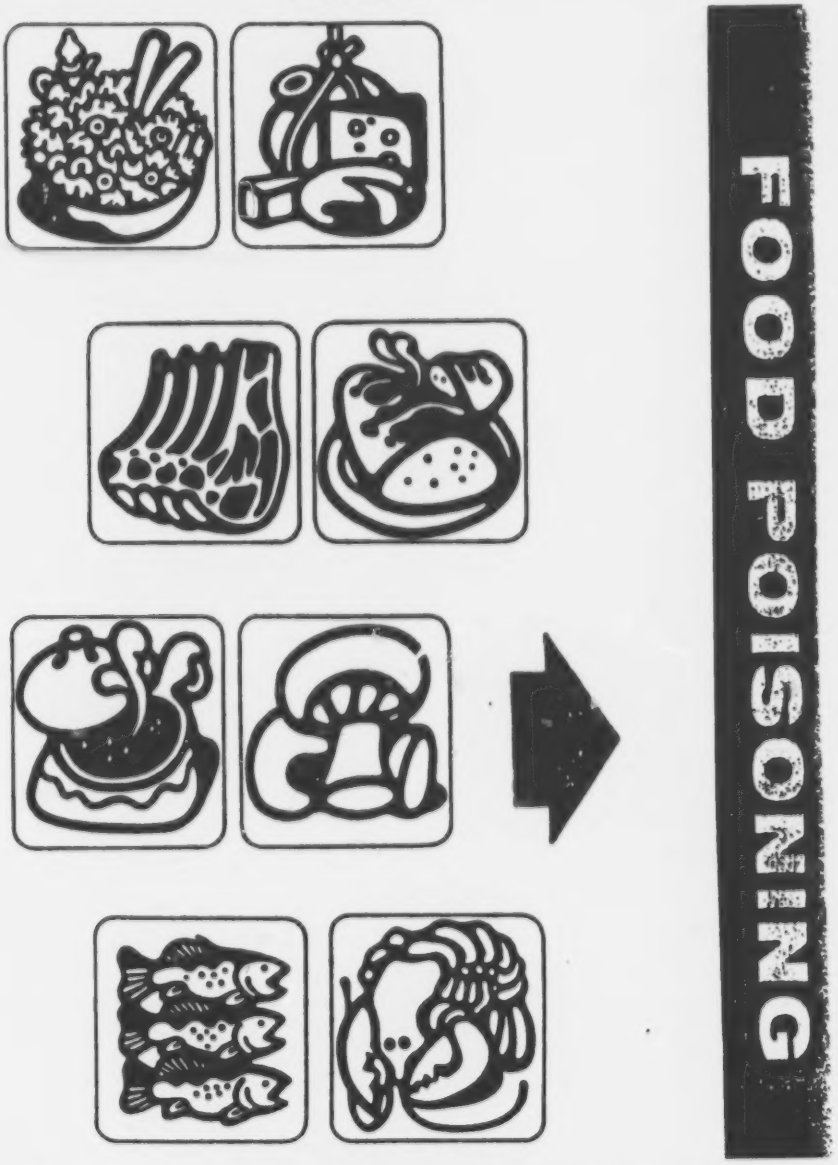
AIDS

New York State
Mario M. Cuomo, Governor
Department of Health
David Axelrod, M.D., Commissioner
September 1987

ABOVE PAMPHLET AVAILABLE IN BULK BY REQUEST TO THE NASSAU COUNTY DEPT. OF HEALTH, 240 OLD COUNTRY ROAD, MINEOLA, NY 11501

HEALTH INFORMATION SERIES NO. 2

FOOD POISONING
SALMONELLA, STAPHYLOCOCCUS, CLOSTRIDIUM PERFRINGENS, SHIGELLA



ABOVE PAMPHLET AVAILABLE IN BULK BY REQUEST TO THE NASSAU COUNTY DEPT. OF HEALTH, 240 OLD COUNTRY ROAD, MINEOLA, NY,11501

HEALTH INFORMATION SERIES NO.3

HEPATITIS

CAUSATIVE AGENT
Hepatitis is a liver disease caused by a virus. There are two types of Hepatitis:

1. Hepatitis A - (HAV)
2. Hepatitis B - (HBV)

CLINICAL FINDINGS/DIAGNOSIS:
Early in the disease: Fever, malaise, loss of appetite and stomach ache plus nausea and vomiting.

Later in the disease: Jaundice and continuation of the other symptoms.

MODE OF TRANSMISSION:
Viral hepatitis A is spread by the intestinal-oral route.

Viral hepatitis B is found in blood, saliva, semen, sweat, and other body secretions.

NOTE: Hepatitis is not spread through the air or by sneezing or coughing.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION
1. Develop educational programs which include emphasis on the nature of the infection and ways in which it can be transmitted.

2. Hand washing should be encouraged in all classroom settings especially after lavatory use.

3. Soap should be readily available in the school setting.

4. Simple hygienic measures can significantly contribute to disease prevention especially hepatitis.

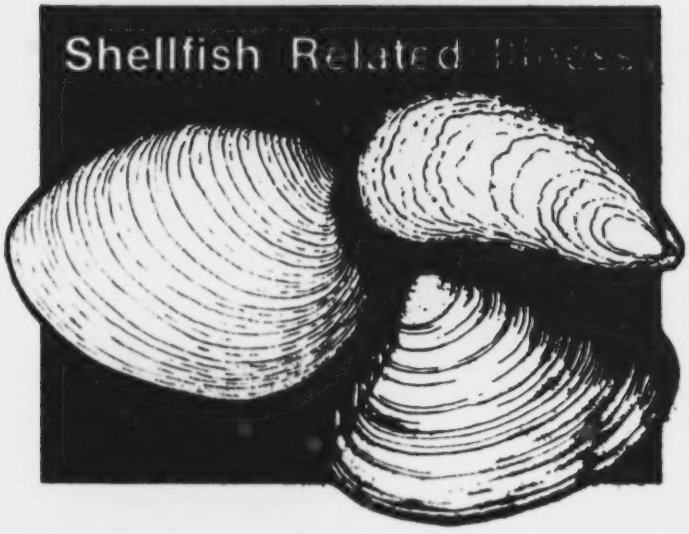
CONTROL
Hepatitis is a reportable communicable disease. All occurrences must be phoned into the Nassau County Department of Health at 535-3258 and recorded on the Communicable Disease Report.

TREATMENT
Close supervision by the family health care provider is indicated. He/she will determine when the individual can return to school and full activity.

HEPATITIS

SHELL FISH RELATED ILLNESS

HEALTH INFORMATION



How do clams and oysters become contaminated?

Clams and oysters are filter feeders — they get food and oxygen by pumping water through their systems to filter out what they need. A muscular siphon, the neck, sucks water into the animal and through its digestive system where food and oxygen are removed.

But clams and oysters also filter other material carried in the water such as particles of mud, bacteria and viruses. The bacteria or virus does does not necessarily harm the shellfish but may remain within the clam or oyster for a long time — even after harvest.

Mussels and scallops are also filter feeders. But recent disease outbreaks in New York have yet to be traced to mussels. Only the adductor muscle of the scallop is eaten and the virus or bacteria is not accumulated in that muscle.

Clams and oysters can be tested for some of the potentially hazardous bacteria and viruses after they are harvested, but the procedure is time consuming and expensive.

ABOVE PAMPHLET AVAILABLE IN BULK BY REQUEST TO THE NASSAU COUNTY DEPT. OF HEALTH, 240 OLD COUNTRY ROAD, MINEOLA, NY 11501.

HEPATITIS B. VIRUS, A DILEMMA FOR SCHOOLS

David Graham

Hepatitis is a disease that elicits a fear response in parents and school personnel. Mention of the word creates images of a yellow, sickly, lethargic person confined to bed for weeks. This is often a misrepresentation since, during childhood, many have subclinical cases of hepatitis which they dismiss as a "viral" infection. There is no jaundice and only mild lethargy lasting a few days. Some children have hepatitis with no symptoms whatsoever.

Hepatitis is more prevalent in institutionalized children and in refugees than in the average population. As many as 20-30% of institutionalized populations become carriers of viral hepatitis B. Carriers of the disease are not sick themselves but carry and can transmit all or part of the hepatitis B virus, called antigen, in their blood.

Viral hepatitis refers to a liver disease usually caused by either hepatitis A virus (HAV) or hepatitis B virus (HBV). There have been occasional occurrences of hepatitis that were not demonstrated to be caused by either the A or B virus. Non A-non B hepatitis is more often seen following blood transfusions. Viral hepatitis A, formerly termed infectious hepatitis, has an incubation period of 15 to 40 days and averages 30 days. Viral hepatitis B, formerly termed serum hepatitis, has an incubation period of 50-180 days.

Both hepatitis A and B viruses cause inflammation in the liver leading to death of liver cells and other changes in liver architecture. Usually there is regeneration of liver cells in two to three months and complete resolution of the disease; however, in some cases, persons may develop a chronic form of hepatitis (chronic persistent or chronic active hepatitis) or cirrhosis. In very rare cases, a person may develop fulminant hepatitis with death occurring within 10 days. However, it should be emphasized that most cases of hepatitis resolve completely.

Viral hepatitis A is spread by the intestinal-oral route. Poor sanitation tends to increase the spread of this virus which is detectable in stools of those who have the disease. The virus is also detectable in blood, but only for a short time. Urine is also known to be infectious.

Viral hepatitis B is found in blood, saliva, semen, sweat and other body secretions. Up to 10% of those who have HBV become chronic carriers of the virus. Transfusion of blood or blood products from carriers could cause hepatitis in the recipient. It is possible that contact with other secretions such as saliva from a HBV carrier will cause hepatitis. However, many have come in contact with known carriers without developing hepatitis. If blood or

body secretions from a carrier come into contact with breaks in the skin (e.g. abrasions, cuts, sores) or mucous membranes (e.g. the eye or mouth) of a susceptible person, then the risk of contracting hepatitis is higher. Hepatitis is not spread through the air or by sneezing or coughing.

Infection with HBV usually confers immunity. Immunity can be determined by ascertaining the serum level of anti-body to hepatitis B surface antigen.

Since there is a carrier state for HBV but none for HAV, it is the former which is of most concern to schools. In order to comply with Public Law 94-142, many institutions are transporting retarded children to public schools. This can increase the number of HBV carriers in a school and potentially increase the risk of transmission of hepatitis B to staff and students. As teachers become aware of the potential risks of having HBV carriers in their classrooms, they begin to fear for their health as well as that of their students. In many school systems, this results in open protests from teachers, teacher unions and parents.

What can be done? Experts seem to agree that, while there is an increased risk of acquiring hapatitis B from HBV carriers, this risk is generally low and can be substantially decreased by proper hygienic procedures. These include:

1. Frequent hand washing, especially when coming in physical contact with a known carrier. In special education classrooms where school staff attend to bodily needs of children such as feeding, toileting and changing diapers, there should be a sink with running water. If school staff have to leave the classroom and walk down the hall to wash their hands, the frequency of hand washing is bound to decrease. Soap should be available in a dispenser.
2. Use of disinfectant on mats, furniture and other objects on which a known carrier may have drooled or bled.
3. Use of gloves if a staff person attending or teaching a carrier has an open wound or abrasion on his/her hands.
4. Use of disposable rubber gloves when used menstrual pads or other material containing blood from a carrier is handled. Disposal of such material in sealed bags or containers. Non-disposable objects contaminated with blood or saliva should be thoroughly cleaned with detergent and water or disinfectant before reuse.

Since a pregnant woman can transmit the virus to her unborn fetus, serious consideration should be given to removing a susceptible, pregnant teacher from a class with a known carrier to a class without carriers. It it is known that specific teachers and aides are immune to HBV, then it would be preferable to have them in classrooms where there are known HBV carriers.

It would seem wise for each school system to develop and distribute guidelines for school staff in working with children who are carriers of HBV. School districts should consider screening staff working with institutionalized, mainstreamed children for immunity to HBV. The school board

should seek advice from the local or state health department in establishing guidelines. Health departments can also help allay some unfounded fears about hepatitis among school staff through inservice education programs. In addition, school boards need to remember that decisions regarding environmental constraints may apply to any child in the school system and not solely to the mainstreamed, institutionalized child. For example, it may not be possible, practicable or desirable to have a sink in every regular classroom where there is a carrier. However, in high risk classrooms where teachers may have to assist children in toileting, eating, et cetera, it seems almost imperative that sinks with running water be available. For those interested in guidelines already developed, contact Dr.John S. Marr, Bureau of Preventable Diseases, New York City Health Department, Box 20, 125 Worth Street, New York, NY 10013. For further consideration concerning issues relating to hepatitis in schools, refer to a commentary by Dr. Curtis Bakal and his colleagues.

There are many questions regarding transmission of HBV in schools that are yet unanswered. Further research is needed. Until there are more definitive answers, it is important that health and education authorities collaborate both to establish appropriate guidelines and safeguards to decrease the risk of spread as well as to educate school staff and parents about hepatitis.

1. Bakal CW, Novick I.F., et al: Mentally retarded hepatitis-B surface antigen carriers in New York City public school classes: A public health dilemma. Am J Public Health 70:712-716,1980.

David Graham, MD, Assistant Professor of Pediatrics and Co-Director, School Health Program, University of Maryland, School of Medicine, Baltimore, MD 21201.

HEALTH INFORMATION SERIES NO.4

HERPES SIMPLEX TYPE 1 AND TYPE 11

CAUSATIVE AGENT

A. OROFACIAL HERPES - Cold sores, fever blisters - usually caused by HSV Type 1.

B. GENITAL HERPES - Majority of these lesions are caused by HSV Type II.

CLINICAL FINDINGS/DIAGNOSIS:

(HSV-1) OROFACIAL HERPES - Primary infection with HSV-1 usually occurs in early childhood and is asymptomatic.

Later infections usually start as a tense, tender, inflamed area and small blisters appear within 12 hours. Generalized symptoms such as fever, malaise, sore throat and headache can accompany the initial sores. The lesions generally crust and heal within a few days.

(HSV-II) GENITAL HERPES - Is sexually transmitted and may occur as primary or recurrent disease. Symptoms include itching and rash in the genital area. Blister-like lesions may form and ulcerate causing extreme pain.

MODE OF TRANSMISSION

Both types 1 and II are spread only by direct contact that is not likely to occur at school. HSV is not airborne and is unable to survive on inanimate objects, e.g., toilet seats.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

Develop educational programs which include emphasis on the nature of the infection and ways in which it can be transmitted. Include this topic in staff in-service, parent education and school health curriculum to prepare students for accepting responsibility for personal health behaviors.

TREATMENT

Close supervision by the family health care provider is indicated for genital herpes.

HEALTH INFORMATION SERIES NO.5
INFECTIOUS MONONUCLEOSIS

CAUSATIVE AGENT

Infectious mononucleosis is caused by the Epstein-Barr or E.B. virus which is related to the herpes simplex virus.

CLINICAL FINDINGS

The most prominent symptoms are fever, usually high, and a severe sore throat with enlarged lymph nodes. Sometimes the infected individual develops a measles-like rash, jaundice and/or enlargement of the spleen.

The disease usually lasts from one to several weeks with fever sometimes persisting from 10-14 days and a feeling of weakness and fatigue lasting up to several weeks.

MODE OF TRANSMISSION

Infectious mononucleosis is transferred from person to person by the oral-pharyngeal route via saliva. In young children, the virus may be spread by way of saliva on the fingers, whereas young adults may spread the disease by kissing.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

Develop educational programs for school staff, parents and students which include facts related to the cause of infection, signs and symptoms and modes of transmission and proper methods of handling articles soiled with nose and throat discharges.

CONTROL

1. All student confirmed cases of the disease must be excluded from school until recovery is confirmed by the family health care provider.

2. In cases of spleen enlargement, exclude pupils from resuming full activities or contact sports until spleen has returned to normal size.

3. Communicable Disease Bulletins on Infectious Mononucleosis should be sent home with students in the class or grade level, as determined by the building principal, in which the positive case was identified.

4. Infectious mononucleosis is a reportable communicable disease. All occurrences must be recorded by the school nurse on the monthly Communicable Disease Report sent to Nassau County Department of Health.

TREATMENT

There is no specific treatment for this disease. Bed rest and high fluid intake are recommended.

HEALTH INFORMATION SERIES NO.6

IMPETIGO

CAUSATIVE AGENT

Impetigo is caused by staphylacocci, and less commonly, streptococci, which invade the upper layer of skin.

CLINICAL FINDINGS/DIAGNOSIS

Itching and lesions consisting of macules, vesicles, pustules and honey-colored gummy crusts. Face and other exposed parts are most often involved.

MODE OF TRANSMISSION

Infected material may be transmitted to the skin by dirty finger nails.

In children, the source of infection is a pyogenic nasal infection or another infected child.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

Cleanliness of the hands, fingernails and skin. Cuts and wounds should be washed thoroughly and kept free of soiled or wet bandaids.

CONTROL

Parents should be notified of suspected cases of impetigo, advised to check with their health care provider for diagnosis and treatment.

Any child with a minimum number of sores may return to school provided the sores are covered.

TREATMENT

Medical treatment by the family health care provider is indicated.

HEALTH INFORMATION SERIES NO. 7

MEASLES (RUBEOLA)

Public Health Law, Article 21, Section 2164, mandates immunization against measles be administered as a single dose of live measles vaccine after the age of 12 months (or, as having had measles disease).

However, for maximum protection against measles, immunization should take place at 15 months of age.

Unvaccinated individuals account for the cases that occur.

Measles should not be taken lightly. Young adults are the most vulnerable age group because they were infants and children during the mid 60's and some may have missed being vaccinated during the early years of the vaccine program. Others received a killed virus, which was supplanted by the more effective live vaccine given in 1969.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

In the event of a diagnosed case of measles in the school, the Nassau County Health Department will be looking at total enrollment and those exempt from measles vaccine for medical or religious reasons.

The exempt would be excluded from school in the event of a confirmed case of measles for a period deemed necessary to prevent exposure.

Any positive case of measles in the school must be phoned in to the Nassau County Department of Health at 535-3258.

Additionally, the school nurse is responsible for recording this information on the monthly Communicable Disease Report form that is sent to the Nassau County Department of Health.

The school nurse is responsible for sending home the Communicable Disease Bulletin for <u>Measles</u> to the class or grade level, as determined by the building principal, in which the positive case is identified.

HEALTH INFORMATION SERIES NO.8

HEAD LICE (PEDICULOSIS CAPITIS)

CAUSATIVE AGENT

The head louse (pediculosis capitis) is a blood-sucking parasite of about 1/16 inch in length and of grayish color. It crawls very quickly but is unable to jump like a flea.

The adult female louse lays eggs at the base of the hair shaft. These eggs or "nits", appear as very tiny, pearly, whitish masses that are tightly attached to the hair. In about 7-10 days, the nits hatch into lice which live by sucking blood from the scalp.

CLINICAL FINDINGS/DIAGNOSIS

The infested individual may be asymptomatic. S/he may complain of an itchy scalp and upon closer inspection nits may be found, usually at the nape of the neck and behind the ears.

If the lice infestation is severe, excessive scratching may cause a secondary bacterial infection, and lymph nodes in the neck may be swollen.

MODE OF TRANSMISSION

Usually head lice are spread by direct contact with an infested person. Indirect contact with infested personal belongings such as combs, hats, clothing and bedding may also spread head lice.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

1. Develop health education programs for students, staff and parents which include information about head lice, i.e. how they are transmitted, inspection and treatment procedures, and care of home and clothing.

2. In order to prevent outbreaks of head lice, all elementary school children must be examined during the first week of the new school year.

3. If a positive case is identified, immediate parent notification is advised and follow up procedures instituted immediately.

4. If a positive case is reported during the course of the school year, the grade level involved should be rescreened as should all siblings and close contacts of the student.

5. Communicable Disease Bulletins for Pediculosis must be sent home to the class or grade level, as determined by the building principal, in which the positive case is identified.

6. Nassau County Department of Health booklet titled "Head Lice - Prevention and How to Get Rid of Them" is given to parent/guardian of the positive cases for care and treatment.

7. READMISSION after home treatment requires that the child be seen in the health office prior to attending classes.

8. The school nurse is also responsible for recording this information on the monthly Communicable Disease Report form that is sent to Nassau County Department of Health.

TREATMENT

Both over-the-counter and prescription shampoos are available to treat head lice infestations. Individuals should contact their health care provider to determine which shampoos should be used and how often it should be reapplied.

After shampooing, the hair should be combed with a fine tooth comb to remove as many nits as possible. Contaminated brushes, combs, clothing and bed linens must be treated according to guidelines outlined in the Nassau County Department of Health Booklet on head lice.

HEAD LICE

Prevention and How

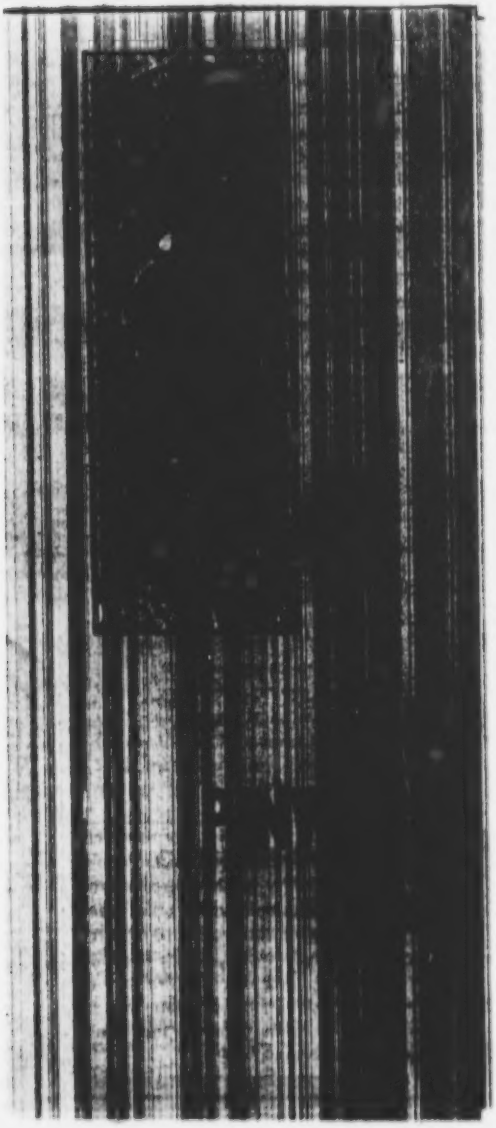
to Get Rid of Them

ABOVE PAMPHLET AVAILABLE IN BULK BY REQUEST TO THE NASSAU COUNTY DEPT. OF HEALTH, 240 OLD COUNTRY ROAD, MINEOLA, NY 11501.

HEALTH INFORMATION SERIES NO.9

PINWORM

BOOKLET



ABOVE PAMPHLET AVAILABLE IN BULK BY REWQUEST TO THE NASSAU COUNTY DEPT. OF HEALTH, 240 OLD COUNTRY ROAD, MINEOLA, NY 11501.

HEALTH INFORMATION SERIES NO.10

PLANTAR WARTS

CAUSATIVE AGENT
Plantar warts are caused by the papilloma virus.

CLINICAL FINDINGS/DIAGNOSIS
Plantar warts usually occur on the weight-bearing surface of the foot in the pressure areas under the metatarsal heads and may resemble corns or calluses. The infected individual may complain of pain in the metatarsal region, especially when weight bearing.

MODE OF TRANSMISSION
The virus may be implanted if there has been some injury or break in the plantar surface of the foot. The major sites which harbor the plantar wart virus are the concrete areas surrounding pools, diving boards, and locker room and shower room floors. Excessive sweating of the foot, such as may occur with wearing rubber boots, may facilitate the infection.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

1. Develop health education programs for students and staff which include proper foot care and hygiene and possible sources of infection for plantar warts.

2. Encourage students to bring shoes to school during winter months so they are not wearing boots for an entire school day. Encourage all students to wear protective footgear in locker rooms and showers.

3. Discourage the sharing of socks, sneakers or shoes between students.

4. Encourage custodial staff to keep locker room and shower floors clean.

5. Since plantar warts are considered to be infectious rather than contagious, there is no need to exclude infected children from school, physical education classes, swimming pools or showers if the warts are adequately covered.

TREATMENT

Plantar warts may be treated by cryotherapy, currettage, and diathermy or electrocautery, or the application of various topical preparations.

HEALTH INFORMATION SERIES NO. 11

RINGWORM

CAUSATIVE AGENT
Tinea or ringworm is caused by various species of fungi.

CLINICAL FINDINGS/DIAGNOSIS
Three types of ringworm:

1. Tinea-Capitis - small papule on the scalp that spread leaving scaly patches of temporary baldness.

2. Tinea Corporis- flat, spreading ring-shaped lesions of the skin other than scalp, beard or feet.

3. Tinea Pedis - scaling or crackling of the skin on or between the toes, with blisters containing thin, watery fluid.

MODE OF TRANSMISSION
The fungus is transmitted by direct or indirect contact.

Tinea Capitis - barber clippers, toilet articles or clothing contaminated with hair from infected humans or animals.

Tinea Corporis- contact with skin or scalp lesions of infected person; lesions of animals; contaminated floors, shower stalls, benches and similar articles.

Tinea Pedis- contact with skin lesions of infected persons; contaminated floors, shower stalls or other articles used by infected persons.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

1. Develop educational programs for students, staff and parents.

2. Maintain general cleanliness of showers, locker and dressing rooms in pools and gymnasiums.

3. Repeated washing of benches and floors with fungicidal agent such as creosol.

4. Shower rooms should frequently be hosed down and rapidly drained.

OUTBREAK CONTROL

1. Refer all individuals with suspected cases of tinea to family health care provider for diagnosis and treatment.

2. Institute an immediate check of all siblings, and close contacts of any child found to have a verified, active infection.

3. Notify the Pupil Personnel Services office in the event of a high incidence of cases.

4. Readmission to School - Children with tinea infections may be readmitted to school as soon as treatment has been instituted. Exclude from swimming, physical education and other close contact activities until lesions are healed.

5. Tinea (ringworm) is a reportable communicable disease. All occurrences should be recorded by the school nurse on the Monthly Communicable Disease Report sent to Nassau County Dept. of Health.

TREATMENT

Medical treatment by family health care provider is indicated.

HEALTH INFORMATION SERIES NO. 12

SCABIES

CAUSATIVE AGENT

Scabies is an infectious disease of the skin caused by the itch mite.

CLINICAL FINDINGS/DIAGNOSIS

Diagnosis - is usually made and treated on basis of clinical suspicion.

Clinical Findings - itching, most notably at night. Zig-Zag or serpentine lesions may be found on the skin of the hands, the webs between the fingers, on the wrists and elbows. Other common sites are stomach, thighs, genital areas, buttocks, axillae and groin.

MODE OF TRANSMISSION

Adolescents and young adults may get scabies through close contact.

Occurrence is common where cleanliness is lacking.

Transfer of mites is by direct intimate skin-to-skin contact and/or contact with underclothing or soiled bed clothing, towels or other articles freshly contaminated by infested persons.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

1. Develop health education programs for students, parents and staff which include information about scabies, e.g. how they are transmitted, inspection and treatment procedures and care of home and clothing. Scabies most commonly occurs where cleanliness is lacking. Emphasis on good personal hygiene is important.

2. Include this topic in school staff in-service education programs as necessary.

OUTBREAK CONTROL

1. Suspicion of rashes - school nurse should check all rashes carefully, using a hand held magnifying lens and good illumination.

2. Suspected cases of scabies are to be referred to family health care provider for diagnosis and treatment. Since a child with scabies presents no immediate emergency, she/he need not be sent home.

3. Communicable Disease Bulletins for Scabies should be sent home to the class or grade level in which the positive case is identified.

4. Check all siblings of any child found to have a verified active infestation.

5. Readmission to School - Individuals who have been correctly treated can be considered as inactive cases and readmitted to school. The student must be seen by the school nurse in the health office prior to attending classes (a second treatment may be prescribed by the individual's health care provider for a week later).

6. Scabies is a reportable communicable disease. All occurrences must be recorded by the school nurse on the monthly Communicable Disease Report form that is sent to the Nassau County Department of Health.

TREATMENT

Medical treatment by a family health care provider is indicated.

HEALTH INFORMATION SERIES NO.13

TICKS/LYME DISEASE/ROCKY MOUNTAIN SPOTTED FEVER

CAUSATIVE AGENT

Microscopic organisms transmitted by tick bites are the causative agents for: 1. Lyme Disease
2. Spotted Fever (Tick Fever)

CLINICAL FINDINGS/DIAGNOSIS

Lyme Disease - may occur as a result of a tick bite. Anyone who has been bitten by a tick should seek medical attention if they have a fever and headache, with absence of respiratory involvement.

Lyme Disease may be suspect in people with the following:

1. acute 7th cranial nerve palsy without manifestation of stroke.

2. migratory polyarthritis or with unilateral arthritis of the knee.

3. aseptic meningitis

Rocky Mountain Spotted Fever - also may occur as a result of a tick bite. Symptoms of the disease may include severe headache, fever and prostration. In addition, a spotted rash may develop beginning on the arms and legs.

MODE OF TRANSMISSION

Tick bite.

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

1. Individuals should be advised to wear long pants, long sleeve shirts, hats and/or scarves, when walking through wooded areas.

2. The body and head of individuals and animals should be inspected following outdoor activity.

TICKS/LYME DISEASE/ROCKY MOUNTAIN SPOTTED FEVER cont.

CONTROL
Environmental factors favor tick survival.

TREATMENT - Procedure for Removing a Tick
Cover tick with a glob of vaseline. Wait 5-10 minutes. Gently remove tick with flat edge tweezers. Wrap tick in tissue and flush in bathroom. Cleanse area with alcohol.
NOTE: Inspect the area well. If tick is not fully removed, individual should see the family health care provider immediately. Observe individual for any of the above symptoms.

HEALTH INFORMATION SERIES NO.14

TUBERCULOSIS

CAUSATIVE AGENT

Pulmonary tuberculosis is a specific pulmonary infection caused by the tubercule bacillus, mycobacterium tuberculosis.

CLINICAL FINDINGS/DIAGNOSIS

The first or primary infection is usually a self-limited disease in children which escapes detection. A few develop progressive pulmonary tuberculosis of the adult type after a latency period of months to years. Most people who are infected never develop the active disease. However, malnutrition, diabetes, measles, chronic corticosteroid therapy, silicosis, and general debility may pre-dispose to the progression of infection to disease.

Symptoms may be absent or mild and non-specific in the presence of active disease. When present, the most frequent symptoms are cough, malaise, fatigue, weight loss, low grade afternoon fever, night sweats and pleuretic pain. Blood in the sputum is strongly suggestive of tuberculosis.

A positive reaction (induration of 10 mm or more in diameter) to a Mantoux skin test, tine test, or Heaf test may indicate either a past or present infection (the Mantoux test is the most reliable). A chest x-ray would then reveal the disease in almost all cases of active tuberculosis, as would the recovery of the tubercule bacilli by culture.

MODE OF TRANSMISSION

Infection with the tuberculosis bacilli usually occurs from contact with an infected person, almost always by inhalation and droplet nuclei (which may remain suspended in air for prolonged periods).

PROCEDURES FOR PREVENTION AND CONTROL IN THE SCHOOL SETTING

PREVENTION

1. Skin testing with a Mantoux skin test should be required as part of a pre-employment physical for all new employees into the school district. Any person with a positive reaction should have a chest x-ray.

2. There is no need for a routine screening test for the presence of tuberculosis in school children or staff members.

3. If an active case of tuberculosis is reported in the school system, all close contacts should seek and comply with a management regimen prescribed by their private health care provider (ideally they should receive a Mantoux skin test). Those with positive tests should then have a chest x-ray. Those with negative skin tests should be retested two months after contact with the active case. Those with positive skin tests and negative x-rays may be prescribed a preventative drug treatment with Isoniazid.

4. Students who are being treated for an active case of tuberculosis may return to school after five days of drug therapy or whenever the private health care provider feels the period of communicability has passed.

5. Since tuberculosis is a reportable communicable disease, any confirmed active cases must be included in the monthly "Communicable Disease Report" form for Nassau County Health Department.

TREATMENT

Drug therapy for cases of active tuberculosis usually consist of a nine month regimen if Isoniazid and Rifanipin, usually supplemented during the initial phase by Ethambutul, Streptomycin or Pyrazinamide.

SECTION II

MANDATED SCREENINGS

PURE TONE AUDIOMETER SCREENING:

Exhibit A - Pupil Audiometric Worksheet
Exhibit B - Parent Notification Regarding Hearing
Exhibit C - Student Health Information on Hearing
Exhibit D - Teacher Health Information for the Hard of Hearing Student

VISION SCREENING:

Exhibit E - Parent Notification Regarding Vision
Exhibit F - Nurses Referral Form

SCOLIOSIS SCREENING:

Exhibit G - Scoliosis Screening Record
Exhibit H - Parent Notification Regarding Scoliosis Screening
Exhibit I & J - Scoliosis Information Sheets

BLOOD PRESSURE SCREENING PROGRAM:

Exhibit A - Nurse's Referral Form

PURE TONE AUDIOMETER SCREENING

Mandate - New York State Education Law, Article 19, Section 905, requires that all pupils receive a hearing screening at least once each school year in grades K through 7, grade 10 and any other time deemed necessary.

Suggested Testing Schedule:
Priority Sweep Testing -

1. Pre-kindergarten, kindergarten, grades 1-3, and special education programs.

2. New entrants to school who lack previous hearing test, or who have previous tests which <u>are not</u> within normal limits.

3. Pupils in high risk groups including students:

. who have medical conditions which may affect hearing;

. who have a significant medical, surgical or familial history;

. who are taking ototoxic drugs;

. who regularly use or work with motorcycles, power equipment, snowmobiles, guns or other noise pollutants;

. who regularly participate on swimming or diving teams and water ballet groups, or who use aqua-lung or scuba gear.

4. All others as mandated.

Recommended threshold acuity screening test should also be given to the following:

1. Any pupil who is being considered for referral to the Committee on Special Education or other evaluation to determine the presence of a handicapping condition which might impede learning.

2. Any pupil returning to school after having had an illness or injury with significance for hearing.

3. Any pupil under treatment for an ear condition, at the request of the physician or otologist treating the child.

4. Any pupil diagnosed by an otologist or audiologist as having a progressive or recurring hearing loss.

5. Any pupil suspected of having hearing problems, referred by teachers, parents, physicians or self.

SPECIAL NOTE ON CHILDREN WHO WEAR HEARING AIDS:

See "State Education Department Guidelines for Audiometer Screening Tests on Children who wear Hearing Aids."

Follow state guidelines for above screening procedures.

REFERRAL:

1. Parents should be advised to take child for an otological examination if threshold acuity screening test (see Exhibit A) shows a hearing threshold of 25 decibels or more at two or more frequencies in one or both ears or 35 decibels or more for a single frequency in either ear. The nurse will mail the form "Parent Notification Regarding Hearing" (see Exhibit B) home to parent/guardian for follow up.

2. In order to minimize over-referral it is suggested that school nurses prepare a list of candidates for rescreening by the Mill Neck Manor Mobile Van. This service, free to the district, is scheduled once each school year. The coordinator will set up the date/time for the visit and notify all nursing personnel.

RECORDING THE RESULTS:

1. The nurse will record the date of the screening and the results for each ear in the appropriate place on the student's Cumulative Health Record.

2. Any professional audiological reports or recommendations or information regarding a student's ears should be recorded in the designated section on the Cumulative Health record and should be shared with student's teachers.

NOTE WELL: Be familiar with the screening instrument you are using and carefully follow all instructions provided for its use.

EXHIBIT A

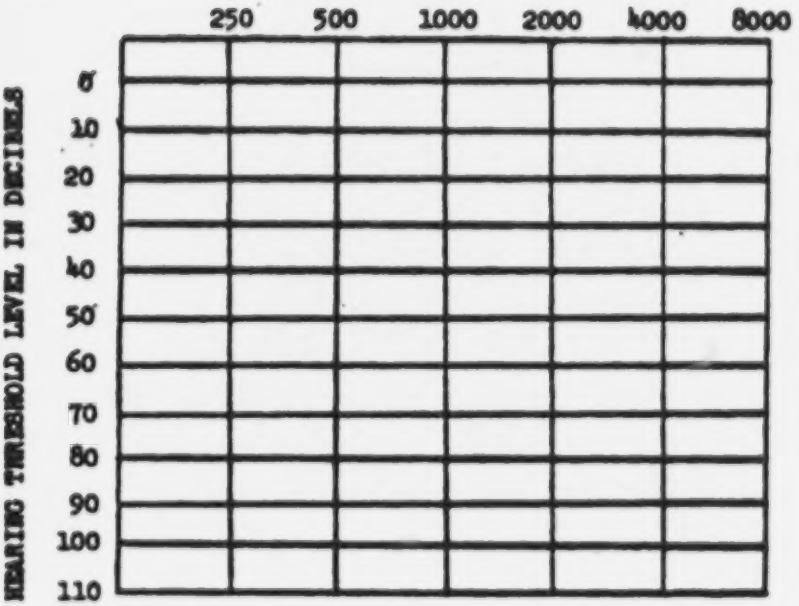
HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

PUPIL AUDIOMETRIC WORKSHEET
(Threshold Acuity Test)

1. Pupil's Name..... 2. Age.....

3. School..... 4. Grade.....

FREQUENCY IN HERTZ



SYMBOLS	RIGHT RED	LEFT BLUE
AIR	O——	X---
Beyond Max. Dial Reading	O↓	X↓

1969 ANSI Standard
(American National Standard Institute)

....
Individual Administering Test Date

This worksheet should be used to record the threshold acuity test and retained as part of the pupil's Cumulative Health Record. If a pupil is found to have a hearing threshold of 25 dB or more at two or more frequencies in one or both ears or 35 dB or more for a single frequency in either ear, the parents should be advised to take the child for an otological examination. The form, "Parent Notification Regarding Hearing," should be prepared and given to the parent for the physician's recommendations.

Revised 1967

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

PARENT NOTIFICATION REGARDING HEARING

Part I

Date.....

Pupil's Name..... Date of Birth.....

Address..... Grade.....

To Parent or Guardian:

A medical evaluation/re-evaluation is indicated for a hearing problem at this time. This completed form should be returned to the school nurse as soon as possible.

.....
Signature of School Nurse

.....
Name of School Administrator

.....
School Address

To Physician:

Please record the present audiometric and medical findings in Part II of this form to assist school personnel in evaluating educational services.

Report of school's threshold acuity test:

	250	500	1000	2000	4000	8000
Right						

	250	500	1000	2000	4000	8000
Left						

1. Pupil working at grade level? Yes..... No.....

2. Previous specialized educational services provided:.....

.....

.....

3. Special educational services now provided:

a. Auditory training Yes..... No.....
b. Speech reading Yes..... No.....
c. Speech correction Yes..... No.....

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS

Hicksville, New York

STUDENT HEALTH INFORMATION ON HEARING

CONSERVE YOUR HEARING
IMPORTANT HEALTH FACTS

With the advent of rock music and electronic sounds a pattern has emerged among the youth of our country. Music is listened to at home, in the automobile and at places of entertainment at extremely high frequencies. A prolonged exposure to sounds at these high frequencies can cause irreversible hearing loss.

Important reminders to prevent hearing loss:

1. Use of head phones are to be discouraged. Occasional use is permitted using a low tone.

2. Stereo equipment should be listened to with the volume at a moderate tone.

3. If you play the drums or are in a band, the use of sonic ear plugs are a must. The plugs permit the sounds to enter but filter them, thus less damage to the conductive mechanisms in the ear. (May be purchased at a music store).

4. Never put anything in your ear.

5. Avoid the practice of using que-tips to clean the ears, you may perforate the ear drum.

We tend to take for granted the sense of hearing. It is apparent through testing that many of our youths have sustained some degree of hearing loss. The previously stated health measures should be observed to avoid problems in adult life.

EXHIBIT D

TEACHER HEALTH INFORMATION
HARD-OF-HEARING STUDENT

SOME POINTS FOR TEACHER REGARDING THE
HARD-OF-HEARING STUDENT

If wearing a hearing aid the student hears speech very faintly, if at all. Although these facts might suggest that when student wears a hearing aid student can hear without difficulty, the solution is not that simple. Hearing aids make sounds louder, but that's all they do.

The student's hearing loss presents another difficulty--the loss becomes correspondingly greater as sounds increase in pitch. Since student hears the low-pitched speech sounds better than the high-pitched ones, conversation sounds distorted or "mushy" to them compared to the way we would hear it. A hearing aid can make sounds louder for them, but what they hear is still unclear. If you'll listen with the aid in your ear, you'll probably see what we mean.

First, don't ignore the fact that a student is wearing a hearing aid.

Second, avoid talking with your back to the class. When you are facing the student they can use their ability to lipread in order to understand you. Even with student's hearing aid, student hears the voiceless /P/, /F/, /Th/, /S/, /K/, /T/, /Sh/, and /Ch/, very faintly, if at all, so being able to watch you will give them clues which they cannot get otherwise.

Third, enunciate clearly; but do not exaggerate your lip movements when you talk to them. When you emphasize the pronunciation of words your facial movements become distorted, and the words are harder to see.

Fourth, encourage student to work independently and to try things on their own. Hard-of-hearing children know that they make many errors and often misunderstand directions, so they are reticent about offering answers spontaneously or working ahead without constant encouragement. Student will probably wait for some indication that the answer is correct before they put it on paper, or wait for you to pronounce a word rather than attempting it themself.

Fifth, don't favor student because of hearing problem. Be sure that they know the same behavior is expected of all. Of course, they may need additional explanation at times because they missed the first order to "line up for lunch" or to "do page 33 in your book". However, these students will usually get adequate clues from others--leading, unfortunately, to another problem.

Sixth, copying, which teachers tend to look upon as cheating, is commonly encountered. Here again, the student often is not sure how to do an exercise or a page in a workbook. Did the teacher say, "draw a line under," or did she say, "draw a ring around"? If they haven't heard the instructions, their natural inclination is to look at someone else's paper--not only then, but repeatedly, in order to check any answers that are in doubt. Incidentally, cheating is a difficult concept to explain to students with hearing impairments.

VISION SCREENING TESTS

A. Mandate - Article 19, Section 905 of New York State Education Law requires that each student receive a vision screening test at least once during each school year from grades K-12, and at any other time deemed necessary by school authorities. This requirement allows for prompt and accurate detection of vision problems at the earliest possible point in the child's school career.

B. Promotion of Eye Health and Safety and Prevention of Conditions Which May Cause Visual Harm:

1. The importance of the preservation of sight and the maintenance of eye health is an integral part of the health education curriculum.

2. Parent and staff in-service educational programs emphasizing eye health, safety and first aid should be given on a regular basis.

3. An environment conducive to eye health and safety must be maintained in the school to provide for the following:

   a. Proper illumination.

   b. Classroom desks and chairs that provide for correct posture for all visual tasks.

   c. Identification and correction of any areas within the school setting which may present a hazard to the safety of those who are visually impaired.

4. Protective eye safety devices are required by any student or district employee involved in potentially hazardous school programs.

5. Impact resistant lenses and eyeglass guards must be worn by all students who must wear glasses when engaged in physical education activities.

6. The school nurse must notify all teachers of any students who wear glasses or contact lenses.

7. The school nurse must notify the parents of any student who has suffered an eye injury and should refer the parents to seek advice and/or medical care from their private health care provider.

C. Vision Screening Procedures:

1. Visual Acuity:

a. Every student must be screened each school year. The priority for screenings will be determined by the school nurse. In addition, any student referred to the school support team should have his/her visual acuity screened at the time of the referral.

b. Select a screening area that is quiet and free from distractions.

c. Ascertain that the student understands the purpose of the vision screening and his/her role in the screening.

d. Interview the student to determine whether there have been any recent injuries, infections, eye problems or professional eye exams since the last school screening. Determine whether or not there are any specific complaints with regards to eye health.

e. Be familiar with the screening instrument you are using, i.e. Titmus Vision Tester, Snellen Chart, and carefully follow all instructions provided for its use (see suggested guidelines for screening with Titmus Vision Tester).

f. If the student wears glasses, screen first with glasses and then without.

g. Any student in kindergarten, grade 1, 2 or 3, whose distance visual acuity in either eye is less than 20/30 or any child in grade 4 or above whose distance visual acuity in either eye is less than 20/20, must be re-screened on another day.

h. The student's classroom teacher must be notified of a failed screening and his/her input requested.

i. Any student whose distance visual acuity in either eye is less than 20/30 for kindergarten, grades 1, 2, and 3, and less than 20/20 for

grades 4 and above, on the rescreening must be referred for a complete professional eye examination. In addition, any student who is found to have a difference in visual acuity of more than one line between the two eyes should also be referred, as should any student who is observed to have any other signs of eye difficulty even though distance vision appears normal. The form "Parent Notification Regarding Vision" (see Exhibit E) should be mailed home to the student's parent/guardian for follow-up.

2. Convex Lens (or plus lens) Screenings:

   a. Should be administered to all first grade students who pass the distance acuity screening. This test should not be given to those students already wearing glasses.

   b. Be familiar with the screening instrument you are using (i.e. plus lens or+ 2.25 spherical lenses).

   c. If a student <u>is not</u> able to read the 20 foot line with each eye while using the lenses, he/she has passed the screening. If the student <u>is able</u> to read the 20 foot line with either eye while using the lenses, he/she has failed the screening.

   d. The form "Parent Notification Regarding Vision" must be mailed home to the parents of any student who has failed the convex lens screening (see Exhibit E).

3. Color Perception Screening:

   a. Must be administered to every student as early as practicable, at least before completion of sixth grade.

   b. Be familiar with the screening instrument you are using, i.e. Psuedo-Isochromatic Plates, Titmus Vision Tester color slide.

   c. "Pass" or "fail" results should be determined according to recommendations provided with the screening instrument you are using.

   d. The form <u>"Nurses Referral Form"</u> (See Exhibit F) should be mailed home to the parents of any student who fails the color perception screening. This information should also be shared with teachers and guidance counselors.

4. Recording the Results:

   a. The date of each screening and the results (acuity for each eye or "pass-fail" for color perception and plus lens screenings) is to be recorded in the appropriate space on the student's Cumulative Health Record.

   b. Any professional vision reports or recommendations, or information regarding a student's vision or eyes must be recorded on the Cumulative Health Record and shared with the student's teachers.

EXHIBIT E

Hicksville Public Schools
Hicksville, New York

PARENT NOTIFICATION REGARDING VISION

Date _____

Pupil's Name: _____ Date of Birth: _____

Address: _____ Grade: _____

To Parent or Guardian:

A medical evaluation - re-evaluation is indicated for a vision problem at this time. This completed form should be returned to the school nurse.

_____

To Examiner:

The following signs of eye difficulty have been noted by school personnel _____

_____

_____

Your diagnosis and recommendation will help in planning for this child's school program.

_____
(Signature of School Nurse)

_____ _____
(Name of School Administrator) (School Address)

_____

Report of Eye Specialist

1. Diagnosis: R _____ L _____
2. Visual acuity (a) Without correction R _____ L _____ (b) With correction R _____ L _____
3. Under what conditions should glasses be worn? _____

_____

4. Have non-shatterable lenses been recommended? ( ) Yes ( ) No
5. When should this pupil be re-examined? _____
6. Recommendations and remarks _____

_____

Additional information regarding the child who has a visual handicap:

1. Corrected near visual acuity R _____ L _____
2. Has child been examined for low vision lenses? ( ) Yes (....) No
3. Peripheral vision R _____ L _____
4. Should physical activities be limited because of eye condition? ( ) Yes (....) No

If fields are restricted, indicate degree and location _____

If yes, please specify _____

_____
(Examiner's Signature and Title)

Date of examination: _____

_____
(Address)

EXHIBIT F

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

NURSES REFERRAL FORM

DEAR PARENT:

_____ was seen today by the School Nurse and the following was observed:

_____

_____

_____

_____

_____

_____

_____

Date_____ School Nurse_____

Medical Follow-up necessary: Yes____ No____

Physicians Report
Recommendations:

_____

_____

_____

_____

_____

_____

_____
Physician's Signature
and Stamp

Date:_____

SCOLIOSIS SCREENING

I. Mandate - Article 19, Section 905, of New York State Education Law, requires that schools provide scoliosis screening for each student between 8 and 16 years of age at least once in each school year.
*Required scoliosis testing shall not apply to students whose parent/guardian are members of a recognized religious organization whose teachings are contrary to this required screening.

II. Educational Programs

A. Student education - elementary health education should include the following components prior to the screening procedure:

- what scoliosis is.
- how it is detected.
- importance of screening for scoliosis.
- the screening procedure.
- follow-up for positive cases.
- importance of action on positive cases.

B. Parent and staff education should include the following components:

- what scoliosis is.
- need for early diagnosis and treatment.
- treatment modalities currently available.
- sources for diagnosis and treatment.

C. Screener education should be provided for all school nurses and physical education instructors and other appropriate personnel. This education should include:

* A presentation of theory and a demonstration of the screening method.
* Hands-on practice of the screening method under supervision.
* Criteria for referral and referral procedures.
* Follow-up activities.

III. Scoliosis Screening Procedure

The following points are essential in screening students:

1. Advanced knowledge of the screening date and procedure.

2. Selection of a site for privacy of student.

3. Boys and girls should be screened separately.

4. All students should remove shoes or sneakers before screening.

5. Bare backs are essential for better visability.

6. Proper lighting is important.

The following positions are recommended:

First screening position -
(screener seated 5-8 feet from student)
- Student's back to screener.
- Student's front to screener.

Second screening position -
(screener seated)
- Student's right side towards screener.
- Student's left side towards screener.

Third screening position -
(Bend Test)
- Student bends forward at waist with arms dangling and palms together.

NOTE WELL: All screeners should be familiar with New York State guidelines for screening procedure.

IV. Recording of Results

A. The examiner will record the date of the screening and the results on the "Scoliosis Screening Record" for each student (See Exhibit G).

B. The school nurse will record the date of the screening and the results in the appropriate place on the student's Cumulative Health Record.

V. Rescreening

In order to avoid the possibility of unnecessary referral all students with positive findings for any part of the screening should be rescreened with the scoliometer. The results of the scoliometer should be recorded on the scoliosis screening record and the Cumulative Health Record.

VI. Referral

The parent/guardian of any student with a scoliometer reading of 5 or above must be notified for follow up with family health care provider. The nurse will mail home the form "Parent Notification Regarding Scoliosis Screening". See Exhibit H.

EXHIBIT G

HICKSVILLE PUBLIC SCHOOLS

Scoliosis Screening Record

Name _____ Date of Birth _____ Sex _____
(Last) (First)

GRADE	DATE OF 1st SCREENING	RESULTS Pos.	RESULTS Neg.	DATE OF 2nd SCREENING	RESULTS Pos.	RESULTS Neg.	DATE OF REFERRAL	REMARKS
3								
4								
5								
6								
7								
8								
9								
10								
11								

ahm - 2/83

EXHIBIT H

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

PARENT NOTIFICATION REGARDING SCOLIOSIS SCREENING

Student_____ Date of Birth_____

Address_____ School_____

To Parent or Guardian:

A Medical evaluation - re-evaluation is indicated for a possible deviation from normal spinal alignment. You are urged to take your child to your physician, orthopedist or to the Nassau County Medical Center Scoliosis Clinic for further evaluation. (542-2355)

The form below should be filled in by the professional examining your child and returned to the school nurse.

Thank you.

School Nurse

- -

To the Physician:

Please record the present medical findings on _____,
Student's Name
indicating your plan for following this condition.

_____

_____

_____

_____

_____

_____

_____

_____
Physician's Signature

_____
Date

EXHIBIT I

ATTENTION PARENTS!

SCOLIOSIS

CURVATURE OF THE SPINE CAN CAUSE LIFETIME CRIPPLING

Scoliosis (sco-li-o-sis) is the medical term for sidewise curvature of the spine.

Parents, brothers and sisters, doctors, nurses and teachers need to be watchful for signs of scoliosis, especially in school children from five to fifteen years of age.

Scoliosis occurs in healthy, vigorous, attractive, growing children. There may be no outward signs of scoliosis in the beginning except those that may be detected by frequent and careful examination of the alignment of the spine from a full back view.

Be sure that your healthy-looking school children have healthy-looking backs.

While children are young and growing, there is every likelihood that scoliosis can be controlled or minimized if it is detected early.

For the information of parents: The advice of physicians in such medical specialties as Orthopaedics, Physical Medicine and Rehabilitation, Pediatrics, and Family Practice can be sought to identify early Scoliosis and to advise on its treatment.

EARLY DETECTION CAN PREVENT A CROOKED SPINE

Please use the five illustrations below to check your own children. Individuals should stand with feet together, knees straight, relaxing as much as possible, without making a special effort to stand straight.

EXHIBIT J

THE SCOLIOSIS ASSOCIATION, INC.

ONE PENN PLAZA, NEW YORK, N.Y. 10001

The Scoliosis Association, Inc. is a non-profit, tax exempt organization founded by scoliosis patients and their families. It has among its goals, the education of the general public about scoliosis and other spinal deviations. The Association has encouraged and sponsored scoliosis screening programs in schools throughout the country and has published a screening manual for the use of school health personnel in these programs.

The Scoliosis Association also sponsors the formation of Scoliosis "Clubs," or Chapters, throughout the country. These chapters are parent/patient support groups which afford the scoliosis patient and his or her family a meeting place every month with other families involved with scoliosis. At these meetings they can help each other to effect a positive social and emotional adjustment during the treatment of scoliosis.

The Scoliosis Association and its chapters are non-medical groups where information about scoliosis — in non-technical terms — can be secured. Members of the medical profession and other professionals involved with the treatment of scoliosis patients are frequently guest speakers at chapter meetings. Many chapter meetings consist of "rap" sessions where common problems and solutions pertaining to the non-medical aspects of scoliosis are discussed.

The Association publishes a newsletter, *Backtalk*, 4 times a year — January, April, June and October. All members of the chapters and the Association receive this newsletter which prints news likely to be of interest to scoliosis patients and others in the medical and educational fields.

Anyone — whether a scoliosis patient or not — may become a member of the Scoliosis Association, Inc. or any of its chapters. Anyone who lives near a chapter of the Association is urged to become a member of that chapter. A person or family who does not live near an existing chapter of the Association may become a member of the Association without electing membership in a specific chapter. Members of the medical and educational professions may also become members of the Association without affiliating with a chapter if they so desire. All dues and contributions are tax deductible.

BLOOD PRESSURE SCREENING PROGRAM

I. District Regulations

The Hicksville School District requires that every student in grade 6 have a blood pressure screening. In addition, any student wishing to participate in interscholastic sports must have a blood pressure screening as part of the preliminary sports physical examination.

II. Educational Programs

A. All student health education curriculum, K-12, should emphasize health habits which may help to keep blood pressure under control.

B. Parent and staff in-service educational programs should emphasize regular health check-ups to screen for hypertension.

III. Blood Pressure Screening

A. Select a screening area that allows for the student to be as relaxed as possible.

B. Ascertain that the student understands the purpose of the screening.

C. Take the student's blood pressure.

IV. Recording the Results

Record the date of the screening and the student's blood pressure in the appropriate place on the Cumulative Health Record and/or sports certificate.

V. Referral

A. Any student whose systolic blood pressure is found to be 130 or above or whose diastolic blood pressure is found to be 90 or above should be referred to their family health care provider.

B. The "Nurses Referral Form" (see Exhibit F) should be mailed home to parent/guardian of the student.

C. The nurse should alert the parent of any student whose systolic blood pressure is found to be above 120 or whose diastolic blood pressure is found to be above 80.

EXHIBIT F

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

NURSES REFERRAL FORM

DEAR PARENT:

_____was seen today by the School Nurse and the following was observed:

_____

_____

_____

_____

_____

_____

_____

Date_____ School Nurse_____

Medical Follow-up necessary: Yes____ No____

Physicians Report
Recommendations:

_____

_____

_____

_____

_____

_____

_____
Physician's Signature
and Stamp

Date:_____

SECTION III

COMMUNICABLE DISEASE BULLETINS

Procedure for Reporting All Communicable Diseases

Chicken Pox (Reye's Syndrome)
Conjunctivitis
Measles
Mumps
Pediculosis (Head Lice)
Pertussis
Rubella
Scabies
Strep Throat

Exhibit A - Parent Booklet on Pediculosis

Exhibit B - Nassau County Department of Health
Reporting Form

Exhibit C - List of all reportable communicable diseases

REPORTING COMMUNICABLE DISEASES IN THE SCHOOL SETTING

I. School nurse is responsible to report certain communicable diseases to the Nassau County Department of Health at the end of each month. (See Exhibit A - Communicable Disease Report) Send original. Keep copy for files.

II. A list of the reportable diseases can be found on Exhibit B.

III. Any communicable disease occurrence in a school building should also be reported to the building principal.

IV. The following occurrences must be reported to Pupil Personnel Office:

Measles
Mumps
Pediculosis
Rubella
Scabies

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

COMMUNICABLE DISEASE BULLETIN

Chickenpox (Varicella)
Reye's Syndrome

_____
Date

Dear Parent:

An incident of chicken pox has been identified in our school, and your child MAY have been exposed.

Chicken pox is most highly infectious a day or two before outward signs appear and remains infectious until recovery. The common early signs are a rash consisting of small blisters that have developed from small pimples, a slight temperature, and general fatigue. The discharge from the nose and throat and from skin lesions are believed to carry the infection.

If you believe your child has developed any of the symptoms described above, please call your doctor and notify me immediately. Children are permitted to return to school providing all the scabs are dry.

It is now important to be aware of a rare complication which may develop following chickenpox, called Reye's Syndrome. (It may also occur following respiratory infections or any other viral infection.) Aspirin has been found to contribute to the problem of Reye's Syndrome, so avoid giving your child this medication while he/she is ill with chickenpox, virus or influenza.

Reye's Syndrome should be suspected if vomiting begins 3-7 days after the outbreak of the chickenpox (influenza or virus) and becomes increasingly severe. Vomiting in conjunction with staring spells, stupor, delirium or other strange behavior requires prompt medical treatment.

Very truly yours,

HEALTH SERVICES

_____
School phone number

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6570

COMMUNICABLE DISEASE BULLETIN

Conjunctivitis (Pink-Eye)

_____
Date

Dear Parent:

An incident of eye infection commonly known as "pink-eye" has been identified in our school, and your child MAY have been exposed. I am sending this note to you as a preventative measure to help you understand and identify the symptoms of this disease.

"Pink-eye" is spread rapidly, primarily by the child's hands and personal articles (such as washcloths, towels and pillowcases). It is a very contagious disease, causing redness of the eyes and/or redness of the eyelids. On occasion, shreds of pus may be evident.

If you believe your child has developed any of the symptoms described above, please call your family physician and notify me immediately.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

54C1

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6970

COMMUNICABLE DISEASE BULLETIN

Infectious Mononucleosis

_____
Date

Dear Parent:

A case of infectious mononucleosis has been identified in our school and your child may have been exposed. I am sending this note to you as a preventative measure to help you identify symptoms of this disease.

The most prominent symptoms of infectious mononucleosis are fever, usually high, and a severe sore throat with enlarged glands in the neck. Sometimes the disease is accompanied by a rash, jaundice (yellowish color of the skin), weakness and fatigue.

If your child develops any of the symptoms described above, please call your family physician and notify me immediately.

If your child should contact infectious mononucleosis, he/she should remain at home until recovery is confirmed by the family physician.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6570

COMMUNICABLE DISEASE BULLETIN

Measles (Rubeola)

_____
Date

Dear Parent:

Your child MAY have been exposed to measles. Please observe him/her closely for the next fourteen (14) days.

The common early signs and symptoms of measles are: fever that may exceed 104^0, a brassy cough, sneezing, nasal discharge, redness of the eyes, and sensitivity to light with a rash on face, forehead, behind the ears, and on the body. Measles are spread most readily during the cold stage and before the rash appears.

If your child develops any symptoms that might be consistent with measles, you are urged to contact your family physician immediately and notify me promptly.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6879

COMMUNICABLE DISEASE BULLETIN

Mumps

Date

Dear Parent:

Your child MAY have been exposed to mumps. Please observe him/her closely for the next four (4) weeks.

The onset of this illness is usually sudden with fever and swelling beneath the ear and a soreness of the jaw and some stiffness of the neck.

If your child develops any of the above symptoms, you are urged to consult your family physician and notify me immediately.

Your child may return to school when all swelling has disappeared. This usually occurs 7 to 10 days after the onset of the first symptoms.

Very truly yours,

HEALTH SERVICES

School Phone Number

57 C4

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6670

COMMUNICABLE DISEASE BULLETIN

Pediculosis (head lice)

Date

Dear Parent:

During the past week a few isolated cases of Pediculosis (head lice) have been discovered in the school. In each case the parents have been notified immediately. Since the children will have many contacts with each other and with other people outside of school, further spread of the infestation is possible. We wish to bring the basic facts about Pediculosis to your attention.

Method of Spread

Anybody can become infested with lice through direct contact with an infested person or indirectly by contact with clothing, head gear,scarfs, linen, combs and brushes of such persons.

Period of Communicability

Spread is possible as long as lice or their eggs are present on a person or the belongings.

Prevention

To help prevent the spread of this condition, we urge you to inspect your children's hair regularly for lice and nits (eggs). The lice are light grey, small insects, the nits translucent, greyish oval bodies, firmly attached to the shaft of the hair. The nits resemble dandruff in appearance with the exception that dandruff does not stick to the hair when touched. Pay special attention to the nape of the neck and the areas around the ears. Inspect the hair and not just the scalp. Watch for scratch marks. Head lice cause severe itching of the scalp and repeated scratching may result in oozing sores, which crust and mat the hair together. Wash hair frequently and comb thoroughly.

Do not share combs and brushes with another person.

Treatment

If you find lice or nits in your child's hair contact your family doctor for proper treatment. Report the case to the school Health Office immediately. The matter will be kept confidential.

Following treatment, your child may return to school but must be seen in the Health Office prior to attending classes.

Very truly yours,

HEALTH SERVICES

School Phone Number

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6670

COMMUNICABLE DISEASE BULLETIN

Pertussis(Whooping Cough)

_____
Date

Dear Parent:

Your child MAY have been exposed to whooping cough. Please observe him/her closely for the next two weeks. The early signs are frequent coughing during the night and increased severity of cough followed by a desire to spit or vomit.

If you are suspicious of such a condition, we suggest that you consult your family physician and then notify me immediately.

The usual course of whooping cough is from six to eight weeks. Your child may return to school one week after the last characteristic cough.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE SENIOR HIGH SCHOOL • HICKSVILLE JUNIOR HIGH SCHOOL • BURNS AVENUE SCHOOL • DUTCH LANE SCHOOL
EAST STREET SCHOOL • FORK LANE SCHOOL • LEE AVENUE SCHOOL • OLD COUNTRY ROAD SCHOOL
WILLET AVENUE SCHOOL • WOODLAND AVENUE SCHOOL

HICKSVILLE PUBLIC SCHOOLS
ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

COMMUNICABLE DISEASE BULLETIN

Rubella (German Measles)

_____
Date

Dear Parent:

Your child MAY have been exposed to German Measles. Please observe him/her closely for the next three weeks.

This illness is usually slight. However, it may resemble measles or scarlet fever or both. Its onset is sudden. The most common signs and symptoms are: glands in back of neck usually enlarged and rash is present on skin. This may be accompanied by fever, sore throat, and the eyes may be inflamed. German Measles are spread most rapidly before the rash appears.

If your child develops any of the above symptoms, you are urged to consult your family physician and notify me immediately.

Your child may return to school seven (7) days after the onset.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

COMMUNICABLE DISEASE BULLETIN

Scabies _____ Date _____

Dear Parent:

Because a few incidents of scabies have been identified in our school, I am sending this note to you as a preventative measure to help you understand, look for, and best detect this skin condition.

Scabies is a parasite that lives in the skin. The most common symptom is an itching, red rash that can become nearly unbearable, especially at night.

Any part of the body is subjected to infestation, but the skin between the fingers and at the bends of the knee and elbow are the most common sites.

The time from infestation to appearance of symptoms is variable (from a few days to several weeks). Thus, being aware of the symptoms and remaining vigilant for their appearance over the next several weeks are the best ways to detect this disease as early as possible.

If you suspect that your child has become infested with this disease, please call your doctor and notify me immediately.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

COMMUNICABLE DISEASE BULLETIN

Streptococcal Sore Throat
Scarlet Fever

_____
Date

Dear Parent:

An incident of streptococcal sore throat/scarlet fever ("strep throat") has been identified in our school and your child MAY have been exposed. I am sending this note to you as a preventative measure to help you understand and identify the symptoms of this disease.

Typically, the onset occurs suddenly within 7 days of exposure with the child experiencing such symptoms as sore throat, fever, headache, vomiting and enlarged glands in the neck. Sometimes, a fine, evenly distributed rash follows.

Please observe your child closely over the next several days and if he/she develops any of the symptoms described above, seek medical attention and notify me immediately.

Children ill with strep throat may return to school after they have begun a course of prescribed medication. If medication is to be given during school hours, please contact your school nurse for the necessary forms to be completed by your physician.

Very truly yours,

HEALTH SERVICES

_____
School Phone Number

HICKSVILLE SENIOR HIGH SCHOOL • HICKSVILLE JUNIOR HIGH SCHOOL • BURNS AVENUE SCHOOL • DUTCH LANE SCHOOL
EAST STREET SCHOOL • FORK LANE SCHOOL • LEE AVENUE SCHOOL • OLD COUNTRY ROAD SCHOOL
WILLET AVENUE SCHOOL • WOODLAND AVENUE SCHOOL

EXHIBIT A

HEAD LICE

Prevention and How

to Get Rid of Them

EXHIBIT B

COMMUNICABLE DISEASE REPORT - SCHOOLS

Nassau County Department of Health

School

School Address

PLEASE COMPLETE THIS FORM AND RETURN, AT THE END OF EACH MONTH, TO:

Nassau County Department of Health
Bureau of Acute & Chronic Disease Control
240 Old Country Road
Mineola, N.Y. 11501

Nassau County requests reporting of the following diseases (enter No. of cases only).

Chickenpox[b]: _____ Ringworm: _____ Fifth Disease: _____
Conjunctivitis: _____ Scabies: _____ Scarlet Fever/Strep Throat: _____

Name	Address	Telephone
Remarks		

* For this disease, immediate telephone report also requested: 535-2320
If physician consultation is required, telephone 535-4922

a] See reverse of other r

b] Reporting

DMS 485 6/87

EXHIBIT C

New York State Sanitary Code (Section 2.12) states:

"Reporting by others than physicians of cases of diseases pre
shall be the duty of the head of a private household or the p
house, camp, or vessel, or any public health nurse or any oth
disease presumably communicable, to report immediately the na

REPORTABLE CONDITIONS INCLUDE BUT ARE NOT LIMITED TO:

- Amebiasis
- ANTHRAX*
- Babesiosis*
- BOTULISM*
- Brucellosis*
- Campylobacteriosis*
- Chancroid*
- Chickenpox
- CHOLERA*
- DIPHTHERIA*
- Encephalitis
- FOODBORNE ILLNESS
- Giardiasis*
- Gonococcal Infection*
- Granuloma Inguinale
- HEMOPHILUS INFLUENZAE
  - Invasive Disease (including sepsis, arthritis, cellulitis and croup)
- Hepatitis (A;B;Non-A, Non-B; Unspecified)
- Histoplasmosis*
- Hospital-Associat
  - fection
- Kawasaki Disease
- Legionellosis*
- Leprosy*
- Leptospirosis*
- Lyme Disease
- Lymphogranuloma V
- Malaria*
- MEASLES
- Meningitis
  - Aseptic/Viral
  - HEMOPHILUS*
  - MENINGOCOCCAL*
  - Other (specify
- MENINGOCOCCEMIA*
- Mumps
- Neonatal Disease
  - Cytomegaloviru
  - Herpes Simplex
  - Toxoplasmosis

INSTRUCTIONS:

1. REPORT ALL CAPITALIZED CONDITIONS BY PHONE WITHIN 24 HOUR

2. All conditions shown with an asterisk require that the ph

3. Physician consultation is available weekdays 9 A.M. to 4:
   recorded; taped message will provide information for emerg

DMS 485A 6/87

SECTION IV

IMMUNIZATIONS

General statement of Public Health Law 2164.

Immunization requirements for pupils entering or transferring into the district.

Pupils transferring out of the district.

Pupils transferring within the district.

Immunization record keeping:

Exhibit A - Certificate of Immunization
Exhibit B - Transfer card
Exhibit C - Immunization survey work sheet
Exhibit D - Immunization survey summary
Exhibit E - Booster recommendations

SCHOOL HEALTH POLICY RE: IMMUNIZATION

A. General Statement - Public Health Law 2164:

REQUIREMENTS FOR SCHOOL ATTENDANCE

Under section 2164 of the New York State Public Health Law, all children attending a school or day care center must be immunized against diptheria, polio, measles, mumps, and rubella. Minimum requirements include:

- 3 doses of diptheria toxoid (usually administered as either DTP or Td)
- 3 doses of trivalent oral poliovirus vaccine (TOPV) (or, as an alternative, 4 doses of IPV administered after 1968)
- 1 dose of live measles vaccine administered after the age of 12 months
- 1 dose of live mumps vaccine administered after the age of 12 months
- 1 dose of live rubella vaccine administered after the age of 12 months

IMMUNIZATION REQUIREMENTS FOR PUPILS ENTERING OR TRANSFERRING INTO THE DISTRICT:

1. All students entering the district must comply with Public Health Law 2164.

2. Proof of compliance will consist of:

   A) District immunization form documented and signed by physician

   OR

   B) Copy of cumulative health record from previous school signed and documented by school nurse

   OR

   C) Private physician's certificate of immunization is also acceptable.

3. Non-compliance enterers must submit:

A statement from a physician or health facility which specifies the products administered and the dates of administration and shows that the child:

(1) has received at least one dose of diptheria toxoid;

(2) has received at least one dose of either trivalent oral poliovirus vaccine (TOPV) or inactivated poliomyelitis vaccine (IPV) administered after 1968;

(3) has complied with the requirements for measles, rubella and mumps; and

(4) has appointments to return to the physician or health facility for the remainder of the immunizations specified;

OR

A certificate from a physician, licensed to practice medicine in this state, that one or more of the required immunizations may be detrimental to the child's health. This certificate must specify which immunizations may be detrimental:

OR

A written and signed statement from the person in parental relation to the child that such person is a bona fide member of a specified recognized religious organization whose teachings are contrary to immunization. The principal or person in charge of the school may require supporting documents from the religious organization specified.

4. Pupils entering the district from out of state or country, will have 30 days from date of registration to submit proof of compliance for admission. (This is to accommodate students whose parent or guardian stated they have been immunized)j.

5. Failure of parent/guardian to comply within the mandated time limit will result in the student's exclusion from school.

6. If within 14 days from date of exclusion, no action has been taken by family for non-compliance, school district must contact child protective services at 1-800-342-3720
Note: Impediments to compliance that are not fault of parent/guardian should receive consideration at this time.

PUPILS TRANSFERRING OUT OF DISTRICT:

1. School nurse signs cumulative health record at immunization data section.

2. School nurse fills out back of transfer card for school secretary. (Exhibit B)

3. School nurse collects all health records of transferring student and gives to secretary, who will put with transferring academic records.

4. In order to avoid lost records, the school nurse will maintain a list of all outgoing health records.

PUPILS TRANSFERRING WITHIN THE DISTRICT:

School nurse collects all health records of transferring student and gives to secretary who will put with transferring academic records.

IMMUNIZATION RECORD KEEPING:

1. School nurse will record all immunizations on cumulative health record.

2. School nurse will maintain "Immunization Survey Work Sheets" for each grade level.

3. School nurse will complete "Immunization Survey Summary" as required each fall by State Department of Health for all new enterers. Note: These sheets will be sent to school nurse each school year and must be returned to Pupil Personnel Office by required date as stated. (Exhibit D)

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS

CERTIFICATE OF IMMUNIZATION

This is to certify that _____ _____
(First Name) (Last Name)

_____ _____ _____
Grade School Date of Birth

received the following immunizations or has a disease history as shown:

	DATE OF IMMUNIZATION (Month/Day/Year)	or	DATE OF DISEASE (Month/Year)
MEASLES: Live vaccine after one year of age	_____		_____
☐ Religious or medical exemption attached			
MUMPS: Live vaccine after one year of age	_____		_____
☐ Religious or medical exemption attached			
RUBELLA: Live vaccine after one year of age	_____		☐ Serological report only
☐ Religious or medical exemption attached			

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

TRANSFER CARD DATE_____

_____ _____ D/O/B_____
Name

Former
Residence_____ Last Date of
Attendance_____

Parent or
Guardian_____ Grade_____

New
Residence_____

See immunization information on the back of this card.

Address requests for Transcript of all records to:
Registrar - Hicksville Public Schools
Admin. Bldg. - Division Ave. at 6th Street, Hicksville, N.Y. 11801

EXHIBIT C

N.Y.S. DEPARTMENT OF HEALTH -

SCHOOL IMMUNIZATION !

GRADE___ ROOM ___ AM ___ PM ___ TOTAL ENROLLMENT _____

SCHOOL _____ PR

1			2	3	4		
					DTP/Td		
STUDENT NAME	TELEPHONE	DOB	NO RECORD	RELIG./MED. EXEMPTION	2 OR LESS	3 OR MORE	3 OR MORE TOPV

EXHIBIT D

COMPLETE THIS FORM FOR SCHOOL ENTERERS ONLY See reverse for definition c

NEW YORK STATE
DEPARTMENT OF HEALTH
SCHOOL IMMUNIZATION
SURVEY SUMMARY
BUREAU OF COMMUNICABLE
DISEASE CONTROL

SCHOOL NAME

SCHOOL ADDRESS

NO. ST. CITY, TOWN, VIL. ETC. ZI

COUNTY

INDIVIDUAL COMPLETIN(
NAME:

COMPLETED BY: (CHECK ONE)

☐ NURSERY ☐ SCHOOL DISTRICT
☐ DAYCARE ☐ NON-PUBLIC SCHOOL ☐ PUBLIC SCHO

Section	(1)	(2)	(3)	DTP/Td (4)		POLIO (5)			MEASLES (6)	
GRADE	ENTERERS ENROLLED	# WITHOUT A RECORD	RELIGIOUS OR MEDICAL EXEMPTION	2 OR LESS	3 OR MORE	3 OR MORE TOPV	4 OR MORE IPV AFTER 1988	NEITHER	LIVE VACCINE AFTER 1 YR.	M.D. DISEASE HISTORY
PRE-K										
K										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
SP ED										
TAL										

A — TOTAL NUMBER OF ENROLLED STUDENTS WITHOUT IMMUNITY

DOH-1501 (7/86)

IMMUNIZATIONS

EXHIBIT E

Recommendations Regarding Boosters of DPT or DT:

Although the law requires only three doses of diptheria toxoid, the recommendation is that the "booster" doses at eighteen months and at four to six years (school entry) constitute an essential part of the immunization series. The child who had the three required doses but did not receive a booster at school entry should be given one to ensure full protection. This booster should be given at least one year after the most recent prior dose. If all three previous doses were before the first birthday, two boosters at least one year apart is recommended. It is also recommended that Td boosters be repeated every ten years. Although not required by law, it is certainly good public health practice for school nurses to notify pupils and their parents when such boosters are due.

Recommendations Regarding Boosters of Polio:

Although the law requires only three doses of TOPV, the recommendation is that the "booster" doses at eighteen months and at four to six years (school entry) constitute and essential part of the immunization series. The child who had the three required doses but did not receive a booster at school entry should be given one to ensure full protection. This booster should be given at least one year after the most recent prior dose. If all three previous doses were before the first birthday, two boosters at least one year apart is recommended. Since TOPV is not given after a student's 19th birthday, it is especially important to identify students needing such a booster before they are nineteen.

The above statements are taken from the New York State Education Department book, "Immunization-A Handbook for Schools".
Second Edition Revised 1982

SECTION V

MEDICATION IN THE SCHOOL SETTING

Procedure for Administration of Medication

Self Medication

Exhibit A - Medication Permission Form

Exhibit B - Medication Card

PROCEDURE FOR ADMINISTRATION OF MEDICATION

1. The school nurse must have on file a written request from the parent/guardian and from the prescribing physician (see medication permission form Exhibit A).

2. The request must indicate the diagnosis, the name of the medication and the time and dosage to be administered.

3. The medication must be delivered directly to the health office by the parent/guardian. The school nurse must notify the parent one week before medication will be exhausted so that a new supply may be on hand.

4. The medication must be in the original prescription bottle properly labeled by a registered pharmacist.

5. The medication must be kept in a locked drawer or file in the health office.

6. The student must receive the medication from the school nurse in the health office.

7. The medication must be charted on the student's medication card (see medication card Exhibit B).

8. The school nurse is responsible to observe any adverse reactions to the medication. The school nurse works closely with the classroom teacher, the parent and the physician in cases where medication is prescribed.

9. A master list of all students taking medication either in school or at home is to be drawn up by the school nurse and a copy submitted to the building principal and covering school nurse for the building.

10. A new permission form must be filled out for each change of medication or change of dosage.

11. Each school year the entire procedure must be repeated.

SELF-MEDICATION IN THE SCHOOL SETTING

1. If any medication is to be self-administered (orally or by injection), it is to be kept in the health office and self-administered in the health office under the supervision of the school nurse.

2. If an injection is to be self-administered, the student's physician must state on the written permission form that the student has been trained and is capable of administering medication by injection.

3. Section 811 of Education Law and Section 179 of Commissioners Regulations require that certain safeguards be followed relative to the storage, records and destruction of syringes and needles. Therefore, there is **NO CIRCUMSTANCE** under which a pupil may have a syringe or needle in his or her possession on school property.

4. Those severely allergic students who might need immediate injections requiring them to carry syringes should be excluded from school until they have completed an appropriate desensitization series.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

MEDICATION PERMISSION

Dear Parent/Guardian

Hicksville Union Free School District requires that the administration of all medication given during school hours conform to the following:

1. Presentation of a written consent form signed by the parent or legal guardian and the prescribing physician.
2. Parent or guardian must bring the medication to the Health Office in the original prescription bottle, properly labeled by a registered pharmacist.

Name of Student _____ Date of Birth _____

To be Completed by Physician

Diagnosis _____

Name of Medication _____

Specific Time and Dosage _____

Duration of regime _____

_____
Physician's Signature

Physician's Stamp

_____
Date

To be Completed by Parent

I, _____ give my permission for my child to receive the above medication as directed.

_____
Date

_____
Parent/Guardian Signature

EXHIBIT B

Medication Card

School Year _____

Name _____ _____ Room _____

Medication _____

Dosage _____

Authorization: Physician _____ Parent _____

REMARKS:

BUS. PHONE: FATHER _____ MOTHER _____

MONDAY DATE	M	T	W	TH	F

MONDAY DATE	M	T	W	TH	F

Nassau BOCES

350-GS-1173

SECTION VI

ANNUAL PHYSICAL EXAMINATIONS

MANDATE:

Who Shall Perform the Examination

Recording of Physical Examinations

School Physician Annual Exams

School Nurses Role in the Annual Physical Examination

Failure to Receive the Examination

Report to Pupil Personnel Services

EXHIBIT A - Hicksville Report of Physical Examinations
EXHIBIT B - Health History Form
EXHIBIT C - School Nurse Referral Form
EXHIBIT D - Cardiac Referral Forms
EXHIBIT E - Nurse's Tally Sheet

PHYSICAL EXAMINATIONS

ANNUAL PHYSICAL EXAMINATIONS

MANDATE:

New York State Education Law, Section 903, requires medical examinations of pupils upon entrance to school, at grades 1, 3, 7 and 10, and at any other time deemed necessary by school authorities.

Who shall perform the examination:

A. Ideally, the family health care provider should perform the examination.

B. In the event that the private health care provider fails to return a report of physical examination to the health office, the school district is mandated by law to provide the examination by the school physician.

Recording of Physical Examinations:

A. The students at grade levels requiring a physical examination will be given a "Report of Physical Examination" form at the end of the school year (Exhibit A).

B. The "Report of Physical Examination" should be returned to the Health Office within a reasonable amount of time in the new school year.

C. Private health care provider forms are also acceptable as proof of physical examination.

D. The school nurse will record the annual physical examination in the appropriate place on the Cumulative Health Record.

E. Failure of student to return the proof of physical examination form as required will necessitate student being examined by the school physician.

School Physician Annual Exams:

A. The Coordinator of School Nurses will contact all school nurses and will schedule the annual physicals to be done in each building.

B. Prior to the school physician coming into the building for annual physicals, the school nurse will have obtained a "Health History" from parent/guardian on Health History Form (Exhibit B).

C. The Health History Form is to be clipped to the front of the student's Cumulative Health Record on the day of the annual physical examination.

D. The School physician will examine each child and record the examination on the Cumulative Health Record.

E. If the physician observes any health problems, s/he will flag the record for school nurse referral.

F. The school nurse is responsible for any medical referrals and follow up (Exhibit C).

The School Nurses Role in the Annual Physical Examination in the School Setting:

The school nurse has a major responsibility for seeing that the examination is a positive learning experience. She will carefully review the Health History Form and bring any significant observations to the attention of the examining physician. It is suggested that she do a blood pressure screening in addition to vision, hearing and scoliosis screening, prior to the annual physical exam in school.

Failure to Receive the School Annual Physical Examination:

If a new entrant or a student in grades 1, 3, 7 or 10, is absent or refuses the school annual examination, the school nurse must request that the student furnish a private health care provider form within one month. School nurse must notify the Pupil Personnel Office of failure to comply.

Report to Pupil Personnel Services:

The school nurse is responsible for sending a copy of the Nurses Tally Sheet to the PPS Office at the end of each month and at the end of each school year (Exhibit E).

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS
Report of
PHYSICAL EXAMINATION

Dear Parent,

The formation of good health habits early in life by all students is one of the aims of Education today. In line with this, the State Education Law requires each student entering our District to have a medical examination and thereafter upon entrance to grades 1, 3, 7, and 10.

In keeping with the State Education Law, we also require a written statement from your physician that your child has received immunizations for at least *three doses* of Polio - Sabin (TOPV) vaccine, ***three doses*** of Diphtheria vaccine, and ***one dose*** each of ***live*** Measles, Mumps and Rubella (German Measles) vaccine ***after one year of age.*** (Month, Day and Year are necessary.)

The first three parts of this folder are for your family physician and dentist to report their findings.

Please note, the fourth part of this folder contains important information which is to be provided by the parents of each student and returned to the School Nurse-Teacher ON A YEARLY BASIS.

Thank you for your cooperation.

Hicksville School Health Services

Revised 9/87

EXHIBIT B

HICKSVILLE HEALTH SERVICES

Dear Parent/Guardian,

Please complete this health history form and return it with your signature.

Student's Name _____ Sex _____

Date and Place of Birth _____

Address _____ Telephone # _____

Mother _____ Father _____ Guardian _____

Family Physician _____ Address _____

Telephone # _____

IF PARENT NOT AVAILABLE IN EMERGENCY CALL:

Name _____ Address _____ Tel. # _____

Name _____ Address _____ Tel. # _____

HEALTH HISTORY

Please explain any significant illness, operations or injuries. _____

_____

_____

Does your child have any of the following?
(Please check yes or no. If yes, please explain below.)

Asthma	___ yes ___ no	Seizures	___ yes ___ no
Allergies	___ yes ___ no	Vision problems (glasses worn)	___ yes ___ no
Diabetes	___ yes ___ no		
Ear conditions or hearing problems	___ yes ___ no	Orthopedic problems	___ yes ___ no
Heart problems	___ yes ___ no	Condition that requires medication	___ yes ___ no

Explanation of "yes" answers: _____

_____

_____

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

NURSES REFERRAL FORM

DEAR PARENT:

_____ was seen today by the School Nurse and the following was observed:

_____

_____

_____

_____

_____

_____

_____

Date_____ School Nurse_____

Medical Follow-up necessary: Yes____ No____

Physicians Report
Recommendations:

_____

_____

_____

_____

_____

_____

_____
Physician's Signature
and Stamp

Date:_____

EXHIBIT D

C A R D I A C R E P O R T

Prepared by Committees of the Nassau Heart Program Council of the Nassau Tuberculosis, Heart and Public Health Association, Inc. and approved by the School Health Committee of the Nassau County Medical Society and the Nassau County School Health Council.

_____
Date

To: Dr. _____

From: Dr. _____ School Physician

_____ School District

_____ New York

Re: _____ _____
Name of Pupil Grade in School

On the annual physical examination required by the New York State Education Law, the above-mentioned pupil has been reported/found to have _____. To help us in giving proper supervision to this child during his school hours, would you please answer the questions below and return this form at your earliest convenience to me at the above address.

1. Do you think this child has a Congenital Heart Defect? Yes __ No __
   If yes, how long has the murmur been present? _____

2. Do you think this child has had Rheumatic Fever? Yes __ No __
   Date of original episode _____

   Check if these were present: ( ) Chorea
   ( ) Polyarthritis
   ( ) Carditis

   Date of recurrences _____
   Is this patient on prophylaxis? Yes __ No __
   Drug _____ Dosage _____

3. Do you think this child has a functional (innocent) murmur? Yes __ No __

4. Please describe murmurs and heart sounds:

5. Has the child had an x-ray or fluoroscopic examination? Yes __ No __
   Date: _____

   Does the child have cardiac enlargement or abnormal cardiac contour? Yes __ No __

(continued over)

6. Has the child had an electrocardiogram? Yes __ No __
Date: _____

Is the electrocardiogram normal? Yes __ No __
If abnormal, please give findings:

7. What is your opinion of this patient regarding:

A. Etiology

( ) Rheumatic ( ) Active ( ) Inactive
( ) Congenital
( ) Innocent (Functional)

B. Anatomical

Rheumatic valvular lesion _____
Type of congenital defect _____
Enlargement Yes __ No __

C. Physiological

( ) Regular Sinus Rhythm ( ) Sinus Arrhythmia ( ) Auricular Fibrillation

D. Functional (Please check)

( ) Class I Ordinary physical activity does not cause discomfort
( ) Class II Ordinary physical activity causes slight discomfort
( ) Class III Ordinary physical activity causes marked discomfort
( ) Class IV Unable to carry on any physical activity without discomfort

E. Therapeutic (Please check)

( ) Class A Physical activity need not be restricted
( ) Class B Ordinary physical activity need not be restricted, but child should be advised against unusually severe or competitive efforts.
( ) Class C Ordinary physical activity should be moderately restricted, and more strenuous habitual efforts should be discontinued.
( ) Class D Ordinary physical activity should be markedly restricted.
( ) Class E Should be at complete rest, confined to bed or chair.

8. Do you or the family wish help in the evaluation of this child or in procuring any of the above examinations? Yes __ No __

_____ M.D.

_____
Address

_____
Date

EXHIBIT E

NURSES TALLY SHEET

TO BE SENT TO PPS OFFICE

MONTHLY -

School Physician Physicals

Annual Physicals No._____
Sport Physicals No._____

Name of Physician _____

ANNUALLY (Total done for the school year)

School Physician Physicals

Annual Physicals Total_____
Sport Physicals Total_____

SCHOOL_____

MONTH_____

SCHOOL YEAR_____

SCHOOL NURSE SIGNATURE_____

COMMENTS:_____

_____

_____

_____

SECTION VII

SPORTS PHYSICAL EXAMINATIONS

Mandate
State Guidelines
Preparation for Sports Physicals
Sports Physical Examination
Sports Interview by Nurse
Completion of Sports Physicals
Preparation for Summer Sports Physicals

EXHIBIT A - Sports Candidate Questionnaire and Parent Consent Form
EXHIBIT B - Sports Candidate Certificate
EXHIBIT C - A.M.A. Guide for Medical Evaluation
EXHIBIT D - Individual Athletic Profile
EXHIBIT E - Growth and Maturation Male
EXHIBIT F - Growth and Maturation Female
EXHIBIT G - Sports Eligibility Form
EXHIBIT H - Medical Exam List
EXHIBIT I - Medical Inclusion Form
EXHIBIT J - Medical Exclusion Form
EXHIBIT K - Nurses Tally Sheet

PROCEDURE

SPORTS PHYSICALS

Mandate:
Commissioner's Regulations Section 135.4 and Part 200.

Guidelines as required by the State:

1. The school physician is responsible for determining the physical capability of a student to participate in a sport.
2. The school physician also has the authority to decide when a student may again participate in sports after an absence of 5 or more days due to illness or because of significant injury.
3. It is recommended but not required that the examination be performed by the school physician. However, the responsibility for final approval for participation in school sports remains with the school physician.
4. The sports physical examination sheet must indicate the category or categories of activities in which the student may participate. e.g. contact or collision sports, endurance activities or others.
5. The rusults of the sports examination are valid for qualifying students for a period of 12 continuous months except in cases of illness or injury.

Preparation for Sports Physicals:

1. The coach or physical education teacher will generate a list of prospective candidates and forward it to the school nurse, according to the designated schedule.
2. The school nurse will then determine whether a youngster requires a **QUESTIONNAIRE AND CONSENT FORM (EXHIBIT A) OR** sports examination. Nurses will notify the students in homeroom of the upcoming preliminaries and examination. Please note: **SCHOOL NURSES WILL BE INSTRUCTED NOT TO ACCEPT LISTS FROM COACHES AFTER THE CLOSING DATE.** Any youngster who misses the scheduled date will have to obtain an examination from his or her private physician.
3. Elementary school nurses will be notified by the Director of Health, Physical Education and Athletics as to the sports being offered in the fall and the date completed sports lists and certificates are due to the seventh grade school nurse. Copies should also be sent to the Health and Physical Education office.

4. It is the responsibility of the elementary school nurse to notify sixth grade students and parents of upcoming preliminary and sports examinations.

The Sports Physical Examination:

1. The preliminary exam is to be done by the school nurse prior to the physician's exam. The preliminary shall include:

- height and weight
- resting and exercise pulse
- blood pressure
- urine analysis
- orthopedic history
- contact lens or glasses worn
- history of any significant illness or injury
- indication of sport in which student wishes to participate, **SPORTS CANDIDATE CERTIFICATE, (EXHIBIT B).**
- vision & hearing (SHS only)

2. Physicians examination - to be done by school physician. The examination shall include the criteria listed in the American Medical Association's sheet entitled **"A GUIDE FOR MEDICAL EVALUATION FOR CANDIDATES FOR SCHOOL SPORTS". (EXHIBIT C).**

The Sports Certificate must include the date of the examination, reason for any disqualification, and the physician's signature.

3. Growth and Maturation Issue -

If a student wishes to participate in a varsity or junior varsity sport and is not of chronological age to do so (e.g. seventh grader participating in varsity swimming) s/he must have a screening test to determine the stage of adolescent development. The stucent must also successfully complete a physical fitness examination to determine fitness to participate in the chosen sport. **INDIVIDUAL ATHLETIC PROFILE, (EXHIBIT D),GROWTH AND MATURATION MALES, (EXHIBIT E) AND GROWTH AND MATURATION FEMALES,(EXHIBIT F)** Forms must be signed by the school physician.

Sports Candidate Questionnaire and Parent Consent Form:

Any student who has had a complete sports physical one or more months before the start of a season must be given the **SPORTS CANDIDATE QUESTIONNAIRE AND PARENT CONSENT FORM (EXHIBIT A)** to determine eligibility for sports. This form must be returned to the Health Office before the student may be eligible for participation.

Completion of Sports Physicals

When the youngster has completed all the physical requirements as determined by district policy, the school nurse will complete the **SPORTS ELIGIBILITY FORM, (EXHIBIT G)**. This form will then be distributed as follows:

a. one original form is sent to the Supervisor of Health, Physical Education and Athletics.

b. one copy is filed in the health office. Each coach will receive a computerized list of those youngsters who are eligible to participate in sports activities, generated by the Supervisor of Health, Physical Education and Athletics.

PLEASE NOTE: NO YOUNGSTER IS PERMITTED TO PARTICIPATE IN ANY SPORTS ACTIVITIES UNLESS HIS OR HER NAME APPEARS ON THE COMPUTERIZED LIST DENOTING ELIGIBILITY. THERE WILL BE NO EXCEPTIONS TO THIS RULE.

Medical Inclusion/Exclusion from Sports

Students obtaining medical notes stating that they may re-enter a sports program after illness, injury, etc., must first be cleared by the school health office. Students must then bring the original note to the school nurse who will then send the **"MEDICAL INCLUSION FORM", (EXHIBIT H)** to the coach. If a student is to be excluded from the sports program the **"MEDICAL EXCLUSION FORM", (EXHIBIT I)** is sent to coach for his/her signature and one copy is returned to the health office. Students may not be excluded from or re-enter sports program without first receiving clearance from the health office.

Report to Pupil Personnel Services

The school nurse is responsible for sending a copy of the nurses tally sheet to the Pupil Personnel Office at the end of each month and at the end of each school year. **(EXHIBIT J)**.

Preparation for Summer Sports Physicals

In May, each school nurse will follow the following procedure for the preparation of sport physicals to be completed during the month of August:

1. Each school nurse will complete for each interested student, the "Sports Candidate Certificate", indicating medical approval for participation in sports.
2. Each school nurse will generate an "Athletic Medical Exam List" for each sport for all eligible students.
3. The names of students who only had preliminaries but no physicals will be starred(*), indicating a medical exam must be conducted during the summer.
4. Each school nurse will complete the **"SPORTS CANDIDATE QUESTIONNAIRE AND PARENT CONSENT FORM",(EXHIBIT A)**, for each youngster.
5. The following forms must be sent to the Director of Health and Physical Education:
   a. One copy of each of the "Athletic Medical Exam Lists".
   b. For those students who had a sports physical, the "Sports Candidate Questionnaire and Parent Consent Form" must be placed into an addressed envelope (to student's parent). This form will be mailed out during the first week of August.

   PLEASE NOTE:
   <u>For Elementary and Parochial School Nurses</u> - The check-off address at the bottom of the form will be the Middle School.

   <u>For Secondary and Parochial School Nurses</u>- The check-off address will be the Senior High School.

6. For elementary school nurses the following forms must be sent to the Middle School Health Office at the completion of the sport physical exam:
   a. The original "Athletic Medical Exam List"
   b. "Sports Candidates Certificates" (for those students who have only had a preliminary, the certificate will be clipped to the front of the Cumulative Health folder).
   c. "Sports Candidate Questionnaire and Parent Consent Form" - to be attached to the "Sports Candidate Certificates".

7. The Middle School Health Office will follow the same procedures as the elementary schools.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS

HEALTH OFFICE
SPORTS CANDIDATES QUESTIONNAIRE AND PARENT CONSENT FORM

Name:_____ Sex: M.F. D.O.B._____
Last, First (circle one)

Home Address:_____

Phone No. _____ Grade _____

1. Has had injuries requiring medical attention Yes__No__
2. Has had illness lasting more than a week Yes__No__
3. Is under a physician's care now Yes__No__
4. Takes medication now Yes__No__
5. Wears glasses or contact lenses (which) Yes__No__
6. Has had a surgical operation Yes__No__
7. Has been in hospital within past year Yes__No__
8. Do you know of any reason why this individual should not participate in sports Yes__No__

Please explain any "yes" answers to above questions:

_____

_____

PARENT'S CONSENT

I hereby give my consent for _____to participate
Name of student

in_____

Signature_____
Parent or Guardian

Emergency Tel. No:(__)_____ Date _____

__Please return to Health Office within 30 days prior to the start of tryouts.
__Please return to Hicksville Middle School, Jerusalem Avenue.
__Please return to Hicksville High School, Division Avenue.

BEST COPY AVAILABLE

EXHIBIT B
HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

SPORTS CANDIDATE CERTIFICATE

ame of Student _____ Sex M F Grade _____
Last First M/I circle one

hone _____ Date of Birth _____

eight _____ Resting Pulse _____ Vision _____ Albumin _____

eight _____ Exercise Pulse _____ Hearing _____ (Urine) (Analysis) Glucose _____

lood Pressure _____ Contact Lens/Yes__No__ Prosthesis _____ PH _____

ontact or Collision Sports	Endurance Activities	Other
ootball	Gymnastics	Bowling
aseball	Swimming	Golf
asketball	Track & Field	Field Sports
occer	Cross Country	Cheerleading
restling	Volleyball	Kickline
aCrosse	Handball	
oftball	Tennis	

ecommendations:

This student may participate in all Physical Education Class Activities and in ompetitive sports, intra-mural and inter-scholastic during the school year_____.

es ___ No ___ Comments _____

eason for Disqualification _____

ate _____ School Physician _____

f a pupil is absent from school for 5 or more days because of illness or because of significant injury Health Office clearance is required before s/he may retu n to ports.

njuries or Illness:

Date	Notes

EXHIBIT C

A GUIDE FOR MEDICAL EVALUATION OF CANDIDATES FOR SCHOOL SPORTS

AMERICAN MEDICAL ASSOCIATION

First and foremost among all considerations concerning the welfare of athletes is the preparticipation medical evaluation. With respect to the health requirements of specific sports and the interest of the medical profession in promoting healthful sports experiences, the aims of the examination are to:

. Determine the health status of candidates prior to exposure to participation and competition;

. Provide appropriate medical advice to promote optimum health and fitness;

. Arrange for further evaluation and prompt treatment of remediable conditions;

. Counsel the atypical candidate as to the sports or modification of sports which for him would provide suitable activity;

. Restrict from participation those whose physical limitations present undue risk.

The health examination of athletes can be administered in a number of ways. In some places, athletes are examined by their family physician on an individual basis. Where a school or team physician is available, he sometimes does the examining. In other communities, the local medical society or health department has established an accepted procedure. Nonetheless, these basic considerations are common to any arrangement:

. In fairness to the aspiring candidate, health examinations should be scheduled far enough before the beginning of practice or conditioning program to allow - if indicated - appropriate consultation, diagnosis, and treatment. They require ample space in a quiet room with reasonable privacy and with no demands for undue haste.

. The evaluation should extend from the sport at question to all sports normally available to the youth in that community. Not all sports are of the "collision" or even body contact variety. Approval for selected athletics may be possible even when there are conditions obviously disqualifying for sports of rigorous nature. One annual health examination would then suffice except when the candidate 1) has experienced a significant injury or illness since the last evaluation, or 2) the candidate has been encouraged after successful surgery and/or therapy to seek re-evaluation.

. The physician should be cautioned to avoid giving any guarantee that it will be safe for the candidate to participate. In addition, he should not undertake medical treatment without the parent's prior consent, express or implied, except for first aid or emergency care which is reasonably necessary to save life or limb. Beyond these considerations, if the physician conforms to the standards of good medical practice in his community, there is no reason why medical supervision of an athletic team risks legal liability any more than in any other area of medical practice.

Health history - Knowledge of past illnesses, injuries, operations, and immunizations is necesary for proper medical evaluation. It is advantageous if the candidate's personal physician carries out the health examination in that he already is familiar with the boy's past health history. If this is not the case, a health history form should be completed by the candidate and parents and made available to the physician at the time of the examination.

Hicksville Sc[illegible] 1 District, N.Y.

I. School Information for School Year 19___ to 19___.

Name _____ School Physician _____

II. Pupil Information and Evaluation for the Sport of _____.

1. Dental Approval _____ (Check) Orthodontia worn ___yes ___no

2. Medical Approval _____ (Check)
Date of Health Examination _____

Adolescent Development:
Female: Post-Menarche
(Years & Months) _____

Developmental
(Years & Months) _____

Males: Pubic Hair
(1-5) _____

3. Height: _____ inches

Weight: _____ pounds

Other significant information:

4. Prior Experience:

5. Physical Fitness Test Data
Raw Scores:

Agility _____ Strength _____

Speed _____ Endurance _____

6. Placement Decision

Approval for _____ (sport) at level:

___ Frosh ___ J. V. ___ Varsity

7. Skill - Coaches Rating

_____ Below Average _____ Average

_____ Above Average _____ Superior

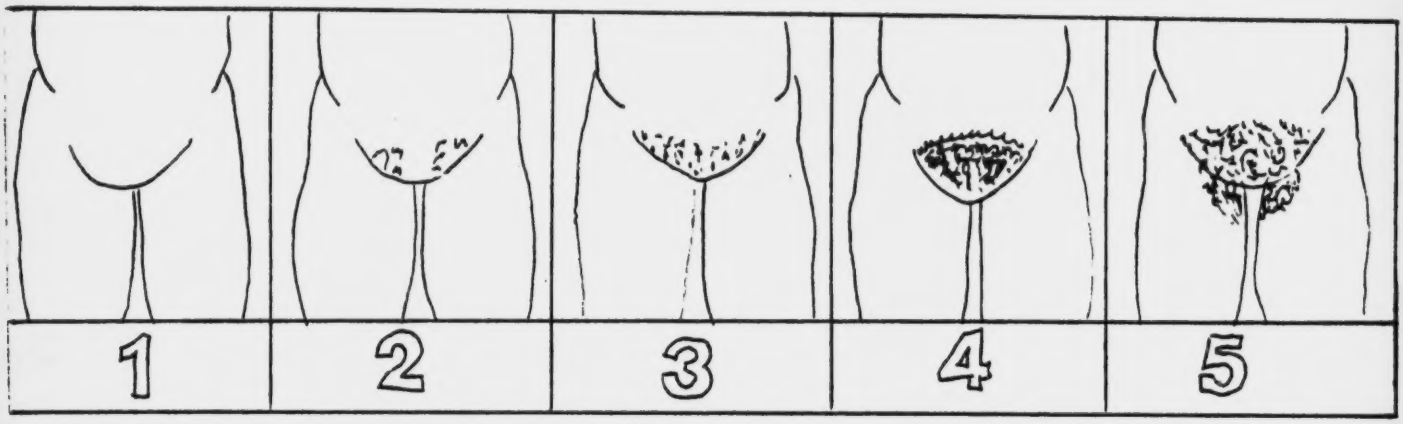
III. Special Approval Request: (Mail to: Bureau of Phys. Ed., State Ed. Dept., Room 978 EBA, Albany, N.Y. 12234)

66

EXHIBIT E

MEDICAL SCREENING TEST TO DETERMINE MALE
STAGES OF ADOLESCENT DEVELOPMENT

Name _____ Age _____ Date of Birth_____



PUBIC HAIR

1. None
2. Lightly pigmented hair lateral to penis
3. Pigmented hair lateral to and at base of penis
4. Coarse, curled hair resembling that of adult, almost covers entire suprapubic area, but none on inner thighs
5. Typically adult in quantity and type and extens down inner thighs

(Place check mark on the line below to indicate the stage of pubic hair development.)

1 2 3 4 5
none adult stage

SPECIAL CASES
INSUFFICIENT PUBIC HAIR

In my opinion,_____(name) has reached a sufficiently advanced stage of pubertal development to compete as successfully as boys who have pubic hair development at a level of _____(number) as shown on the chart above.

Date_____ Signature of School Physician_____

EXHIBIT F

MEDICAL SCREENING TEST TO DETERMINE STAGE OF
FEMALE ADOLESCENT DEVELOPMENT
(Based on age at time of first menstruation)

Name _____ Age _____ Date of Birth_____

Sports Interested In:

_____ Level of Play _____

_____ Level of Play _____

Physical Firness Scores (Norm Scores 0-10)

Agility _____ Speed _____

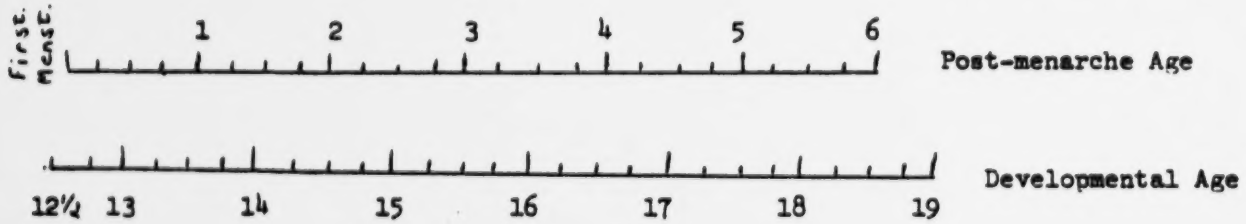
Strength _____ Endurance _____

The girls and/or parents will be asked to submit the most accurate information available concerning the girls' age (year and month) at which the first menstrual period occurred. This event is often referred to as the Menarche.

In this screening test, a girl is assumed to have a Developmental Age of 12 1/2 years at the time of her first menstruation, regardless of her chronological age. This assumption, while somewhat arbitrary, is based on the average age of first menstruation in the United States.

SCALE TO DETERMINE PHYSICAL MATURITY OF A GIRL

Mark a point on the line below to indicate months and years elapsed since her first menstruation. The point directly below on the second line shows the Developmental Age rating to use when considering programming this individual with girls of dissimilar chronological age.



SPECIAL CASES
ABSENCE OF MENARCHE

In my opinion, _____(name) has reached a sufficiently advanced stage of pubertal development to compete as successfully as girls who have recently reached menarche, providing she passes the skill requirements for the above sports and achieves a satisfactory level in the fitness tests.

Date _____ Signature of School Physician_____

EXHIBIT G

HICKSVILLE PUBLIC SCHOOLS

SPORTS ELIGIBILITY FORM - PHYSICAL EXAMINATION

Name:_____ M. F. (circle one) D.O.B._____

Address:_____ Home Phone#_____

Ninth grade entry date_____ Grade_____

_____ has met the district requirements for
name of student

participation in interscholastic sports and is eligible to participate

in_____ for the _____ school year.
name of sport

_____
School Nurse

Date of Physical_____

Date Signed_____

BEST COPY AVAILABLE

HICKSVILLE PUBLIC SCHOOLS

EXHIBIT H

Name of Coach: _____

Name of Sport: _____

Medical exam to be completed by: _____
Date

ATHLETIC MEDICAL EXAM LIST
IN ALPHABETICAL ORDER

FOR HEALTH OFFICE USE ONLY

Last Name	First	Grade & Section Home Rm	Birth Date	Prior Sport Exam	School M.D. Exam	Disqualified	Follow-up Status
Address							
Address							
Address							
Idress							
Address							
Address							
Address							
Address							
Address							
Address							
Address							

Original and carbon please - separate list for each grade

School Nurse

HICKSVILLE PUBLIC SCHOOLS
MEDICAL INCLUSION FORM

To: Chairperson, Physical Education and Athletics

cc: P. E. Teacher _____

Coach _____

Re: Name _____ (Student)

Grade _____ Date (sent) _____

From _____ (Nurse)

This student may return to all physical education and sport(s) by the request of:

_____ own medical doctor
Date

_____ parent/guardian note
Date

Approved by School Doctor _____ Date _____

White — Nurse
Canary — Teacher
Pink — Coach
Goldenrod — Chair

1/88

104

EXHIBIT 1

105

EXHIBIT J

HICKSVILLE PUBLIC SCHOOLS
MEDICAL EXCLUSION FORM

To: Chairperson, Physical Education and Athletics

cc: P. E. Teacher _____

Coach _____

Re: Name _____ (Student)

Grade _____ Date _____

From _____ (Nurse)

This student is excluded from all physical education and sport(s) until the health office recertifies him/her.

Please sign and return one copy to the health office immediately.

Thank you.

_____
Signature — P. E. Teacher/Coach

White — Nurse
Canary — Teacher
Pink — Coach
Goldenrod — Chair

1/88

EXHIBIT K

Nurse _____ Month of _____ 19 _____

NURSES TALLY SHEET

ANNUAL PHYSICALS

Grade	Total Enrollment	Total # of Physicals Completed by School Physician	School Physician	Total # of Physicals Completed by Family Physician	Total # of Physicals Remaining
K					
1					
3					
7					
10					
TOTAL COMPLETED					

SPORTS PHYSICALS

DATE	# OF PHYSICALS	SCHOOL PHYSICIAN
		=

105A

118 Total Physicals Completed

119

SECTION VIII

PHYSICAL EDUCATION RESTRICTIONS

Mandate
Use of Restrictive Forms
Use of Ancillary Equipment
Physical Education for Minor Illnesses
Restriction from Competitive Sports

EXHIBIT A - Physical Education Restriction Form - Elementary
EXHIBIT B - Physical Education Restriction Form - Secondary
EXHIBIT C - Elevator Pass

PHYSICAL EDUCATION RESTRICTIONS

MANDATE:

Education Law Article 17, Section 803, states that all pupils must participate in the physical education program just as they do in other aspects of the academic program: "Physical Education is a required subject area."

"If the student cannot participate fully, then the physical education program should be adapted to meet individual needs and be appropriate to the student's age and ability (Commissioner's Regulations 135.4)."

USE OF RESTRICTED FORMS:

1. Any student who is restricted in any way from full physical education participation must present to the school nurse a physician's statement of restrictive activity to include diagnosis, duration of restriction, and follow up. A signed physical education restriction form or a physician's letterhead statement are acceptable documents for this restriction. (See Exhibits A and B)

2. The school nurse must then notify the physical education teacher immediately. The physical education teacher will establish an adaptive physical education program for the student.

3. The physician's statement must be noted on the Cumulative Health Record and filed in the health folder. If there is any question as to the diagnosis or restriction, the school physician must be consulted.

4. No student may ever be on a restrictive program for longer than one school year without re-evaluation by the family health care provider.

USE OF CRUTCHES AND WHEELCHAIRS FOR THE INJURED IN THE SCHOOL SETTING:

No injured student is permitted to attend school while using crutches or wheelchair without written permission from their physician. This note must be submitted to the school nurse who will issue early passes from each class and elevator passes to be shown to teachers and hall monitors.

Any question regarding the safety of the student while using these devices must be directed to the school physician for consultation.

The school nurse must file the note in the student's health folder and record on Cumulative Health Record.

Injured students attending school with casts or orthopedic braces follow the above procedure.

PHYSICAL EDUCATION FOR MINOR ILLNESS:

A minor illness or injury of one or two days duration does not require a physician's statement for restrictive physical education. In this instance, the school nurse will use her professional judgment in determining the necessity for a short term restriction. A parent/guardian's note must be considered in the same manner.

RESTRICTION FROM COMPETITIVE SPORTS:

If a student is restricted from physical education, s/he is automatically restricted from participation in intramural and competitive sports. The necessary personnel must be notified. - (Physical education teachers and coaches).

HICKSVILLE PUBLIC SCHOOLS
HICKSVILLE, NEW YORK

MEDICAL EXCUSE
ELEMENTARY SCHOOL FORM

D: _____ Date: _____

RE: _____ Grade: _____

All pupils registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. These courses are required to be adapted to meet individual needs whenever possible. This means that a pupil who is unable to participate in the entire program should have his/her activities modified to meet and/or improve his/her condition. The physical education classes are approximately ___minutes long and are held ___times a week.

We appreciate your cooperation in completing this form and returning it at your earliest convenience to _____. School Nurse.

1. ( ) This child may participate in all physical education class activities and competitive sports.

2. If activity is limited, please check what s/he may do from the following:

APPARATUS

( ) Pommel Horse & Buck
( ) Ropes
( ) Horizontal Bar
( ) Horizontal Ladder
( ) Balance Beam
( ) Climbing Stile
( ) Climbing Fence
( ) Scooters
( ) Rings
( ) Obstacle Course
( ) Parallel Bars
( ) Uneven Parallel Bars
( ) Dual Ropes
( ) Balance Beam (High)

TUMBLING

( ) Mat Work (individual
( ) Mat Work (dual)

TEAM ACTIVITIES

( ) Basketball
( ) Softball
( ) Field Hockey
( ) Floor Hockey
( ) Ping-Pong
( ) Newcomb
( ) Voleyball
( ) Relays
( ) Soccer
( ) Football (flag and touch)
( ) Roller Skating
( ) Tennis
( ) Badminton
( ) Parachute

DANCING

( ) Square
( ) Pogo Sticks
( ) Folk
( ) Jumping Rope
( ) Aerobics (dancing)
( ) Rhythm Dance
( ) Creative Movement

FITNESS TEST and ACTIVITIES

( ) Sit ups
( ) Curl ups
( ) Pull ups
( ) Arm Hang
( ) Ball Throw
( ) 50 Yard Dash
( ) Shuttle Run
( ) Standing Long Jump
( ) Squat Thrusts
( ) Side Step
( ) Small Weights-2½-10lbs.
( ) Medicine Ball
( ) Fitness Stations
( ) 600 Yard Walk/Run
( ) Mile Run

(continued)

FIELD EVENTS

( ) Long Jump ( ) High Jump ( ) Tug of War

MOVEMENT ACTIVITIES ( )

GAMES OF LOW ORGANIZATION--K-3

( ) Crab Soccer

PLAYGROUND ACTIVITIES AND FITNESS COURSE ( )

3. Duration of Restrictions: ____weeks ____months ____school year
4. Do you wish patient to return to you for re-evaluation? _____yes _____no
5. Diagnosis: _____

_____

_____

_____
Date of Signature

_____
Physician's Signature

_____
Address

_____
Telephone Number

HICKSVILLE PUBLIC SCHOOLS
HICKSVILLE, NEW YORK

MEDICAL EXCUSE
SECONDARY SCHOOL FORM

To Doctor _____ Date: _____

Name: _____ Grade: _____

All pupils registered in schools of New York State are required by the Education Law to attend courses of instruction in Physical Education. These courses are required to be adapted to meet individual pupil needs whenever possible. If a pupil is unable to participate in the entire program his/her activities should be modified to meet and/or improve his/her condition. The Physical Education classes are approximately 30 minutes in length and are held every other day throughout the school year. Students are never excused from Physical Education-only specific activities. At Hicksville we are making an attempt to provide an individualized instructional program for every student. With your professional help we can better accomplish this through, not only our regular program, but our special programs as well.

Thank you for returning this form at your earliest convenience to the School Nurse.

Please cross out any of the activities listed below that the student may not participate in.

1. VIGOROUS ACTIVITIES

Wrestling
Badminton
Basketball
Baseball/Softball
Biking
Calisthenics
Dance (All)
Dodge ball
European Handball
Fencing
Floor Hockey
Football-Touch and Flag
LaCross-Modified
Volleyball
Paddleball
Racketball
Rope Jumping
Tennis
Track and Field
Soccer
Sprints
Distance Running
Universal Gym
Weight Training
Yoga-Hatha

Apparatus
Balance Beams
Pommel Horse
Horizontal Bar
Parallel Bars
Uneven Bars
Ropes
Still Rings
Tumbling & Stunts

2. MODIFIED ACTIVITIES (Mild running or Jumping)

Kickball
Golf
Walking
Shooting Baskets
Cognitive aspects of physical activity through library work and research
Bed Rest

3. Duration of Restrictions____Weeks____Months_____School Year

4. Do you wish patient to return to you for reevaluation? ____Yes____No

5. Diagnosis _____

6. Do you recommend any activity or exercise? Specify _____

_____

Date: _____ Signature of Physician _____

Phone No. _____

If the student is excluded from the regular physical education program, please see reverse side for special physical education.

(over).

HICKSVILLE PUBLIC SCHOOLS
HICKSVILLE, NEW YORK

The Physical Education Department may offer a special class suited to your patient. Please help us by completing the information below. Cross out any activity the student may not participate in.

1. ACTIVITIES - ALL GRADE LEVELS

Deck Games
- Shuffle Board
- Horse Shoe Pitch
- Ring Toss

Table Games
- Knock Hockey
- Table Tennis
- Soccer

Board Games
- Checkers
- Junior Chess
- Chess

Modified Sports
- Darts (velcro)
- Basketball
- Bowling-Gymnasium
- Tumbling

2. REHABILITATION - ALL GRADE LEVELS
Medical Authorization necessary - modified according to individual need.
Weight Training
Please Specify Below

	Please Check: Recommended Moderate	Recommended Light	Not Recommended
Calisthenics-Warm up			
Stretching			
Weight Training			
Upper Body: Neck and shoulders			
Upper Body: Arms			
Upper Body: Abdominals			
Upper Body: Back			
Lower Body: Thighs			
Lower Body: Knees			
Lower Body: Ankles			

Specific Instructions _____

3. COGNITIVE FUNCTION - ALL GRADE LEVELS
- Workbook Study includes material to be written by student.
- Sports Magazines
- Fiction and Non-Fiction Books

4. Do you wish the Physical Education teacher to telephone you for further information?
_____Yes _____No.

5. Additional Information _____

Date: _____

_____
Signature - Physician

_____
Telephone #
Call Between: 9-3 M-T-W-Th-F

EXHIBIT C

ELEVATOR PASS

ELEVATOR PASS

Name _____

Date _____

Period	Time	From	To
H.R.	8:25		
1	9:12		
2	9:59		
3	10:46		
4	11:33		
5	12:20		
6	1:07		
7	1:54		
8	2:41		
Dismissal 2:41			

NOTE TO TEACHERS:
PLEASE DISMISS 5 MINUTES BEFORE PERIOD ENDS.

Duration of pass: _____

S.N.T. _____

SECTION IX

NEW ENTRANTS INTO SCHOOL DISTRICT

DISTRICT REGISTRAR'S OFFICE PROCEDURE AND FORMS

EXHIBIT A - Health History Form
EXHIBIT B - Immunization Certificate
EXHIBIT C - Physical Examination Form
EXHIBIT D - HiB Immunization Bulletin

NEW ENTRANTS INTO DISTRICT

I. All new entrants into Hicksville School District must report to the Registrar's Office located on the first floor of Administration Building. An original birth certificate or baptismal certificate must be produced to verify date of birth.

II. Proof of required immunization must be presented at the time of registration.

III. A "Health History Form" (Exhibit A) and "Immunization Certificate" (Exhibit B) (if needed) will be given to parent/guardian at this time.

IV. A "Physical Examination Form" (Exhibit C) will also be given at the time of registration. State education law requires each student entering our district to have a medical examination and thereafter, during grades 1, 3, 7 and 10.

V. Registrar will give to all new Kindergarten entrants the "Preventive Disease Bulletin on HiB Immune Vaccine" for their information. (Exhibit D)

EXHIBIT A

HICKSVILLE HEALTH SERVICES

Dear Parent/Guardian,

Please complete this health history form and return it with your signature.

Student's Name _____ Sex _____

Date and Place of Birth _____

Address _____ Telephone # _____

Mother _____ Father _____ Guardian _____

Family Physician _____ Address _____

Telephone # _____

IF PARENT NOT AVAILABLE IN EMERGENCY CALL:

Name _____ Address _____ Tel. # _____

Name _____ Address _____ Tel. # _____

HEALTH HISTORY

Please explain any significant illness, operations or injuries. _____

_____

_____

Does your child have any of the following?
(Please check yes or no. If yes, please explain below.)

Asthma	___ yes ___ no	Seizures	___ yes ___ no
Allergies	___ yes ___ no	Vision problems (glasses worn)	___ yes ___ no
Diabetes	___ yes ___ no	Orthopedic problems	___ yes ___ no
Ear conditions or hearing problems	___ yes ___ no	Condition that requires medication	___ yes ___ no
Heart problems	___ yes ___ no		

Explanation of "yes" answers: _____

_____

_____

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS

CERTIFICATE OF IMMUNIZATION

This is to certify that _____ _____
(First Name) (Last Name)

_____ _____ _____
Grade School Date of Birth

received the following immunizations or has a disease history as shown:

	DATE OF IMMUNIZATION (Month/Day/Year)	or	DATE OF DISEASE (Month/Year)
MEASLES: Live vaccine after one year of age	_____		_____
☐ Religious or medical exemption attached			
MUMPS: Live vaccine after one year of age	_____		_____
☐ Religious or medical exemption attached			
RUBELLA: Live vaccine after one year of age	_____		☐ Serological report only
☐ Religious or medical exemption attached			

	DATES (Month/Day/Year)	DATES OF BOOSTERS (Month/Day/Year)
POLIO: Sabin (TOPV) - needs at least three doses	#1 _____	#1 _____
☐ Religious or medical exemption attached	#2 _____	#2 _____
	#3 _____	#3 _____
DIPHTHERIA: DPT, DT or TD - needs at least three doses	#1 _____	#1 _____
☐ Religious or medical exemption attached	#2 _____	#2 _____
	#3 _____	#3 _____

_____ _____
Doctor's Name (please print) Doctor's Signature

_____ _____
Doctor's Office Address Date

ew York State Law requires the following immunizations for all students attending school: 3 doses of diphtheria, 3 doses of (TOPV)polio vaccine, one dose each of live measles, mumps and rubella vaccine given after one year of age. Medical (doctor's note) or religious exemptions are acceptable in the form of written proof. A doctor's note will document a history of measles or mumps disease, but only documentation of student's serology test (blood test) will be accepted for rubella.

Revised 12/85

ahs

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS
Report of
PHYSICAL EXAMINATION

Dear Parent,

The formation of good health habits early in life by all students is one of the aims of Education today. In line with this, the State Education Law requires each student entering our District to have a medical examination and thereafter upon entrance to grades 1, 3, 7, and 10.

In keeping with the State Education Law, we also require a written statement from your physician that your child has received immunizations for at least *three doses* of Polio - Sabin (TOPV) vaccine, ***three doses*** of Diphtheria vaccine, and ***one dose*** each of ***live*** Measles, Mumps and Rubella (German Measles) vaccine ***after one year of age.*** (Month, Day and Year are necessary.)

The first three parts of this folder are for your family physician and dentist to report their findings.

Please note, the fourth part of this folder contains important information which is to be provided by the parents of each student and returned to the School Nurse-Teacher ON A YEARLY BASIS.

Thank you for your cooperation.

Hicksville School Health Services

Revised 9/87

EXHIBIT D

HICKSVILLE PUBLIC SCHOOLS

ADMINISTRATION BUILDING • DIVISION AVENUE
HICKSVILLE, NEW YORK 11801
516-933-6679

PREVENTIVE DISEASE BULLETIN

HiB - IMMUNE VACCINE

_____
Date

Dear Parents,

A new vaccine is indicated for immunization against the invasive disease (Meningitis) caused by H influenza type B in children from 24 months through 5 years of age.

Immunization is also recommended for children 18 months to 23 months who may be at increased risk, particularly those who attend day care facilities or who have chronic illnesses.

Please check with your family physician about the availability of this vaccine for your child. Currently three manufacturers are licensed to produce the vaccine, Praxix (b Capsal), Lederle Hib immune and Connaught Hibax.

Very truly yours,

_____
Health Services

HICKSVILLE SENIOR HIGH SCHOOL • HICKSVILLE JUNIOR HIGH SCHOOL • BURNS AVENUE SCHOOL • DUTCH LANE SCHOOL
EAST STREET SCHOOL • FERN LANE SCHOOL • LEE AVENUE SCHOOL • OLD COUNTRY ROAD SCHOOL

SECTION X

STUDENT ACCIDENTS

Procedure for Reporting of Student Accidents

Procedure for Parent Reimbursement

EXHIBIT A - Student Accident Report Form
EXHIBIT B - J. J. Newman Claim Form
EXHIBIT C - Instructions for Filing a
J. J. Newman Claim

PROCEDURES FOR REPORTING OF STUDENT ACCIDENTS

1. School Nurse will fill out "Student Accident Report Form" (Exhibit A)

2. Principal must review and sign all accident reports.

3. The school nurse will make three copies of the accident report and send to Business Office.

4. The original is to be kept on file in the health office.

PROCEDURE FOR PARENT REIMBURSEMENT OF MEDICAL COSTS

1. School Nurse completes Part 1 of J. J. Newman "Notification of Injury Form" (Exhibit B). Note for #15, check boxes marked Regular School Plan, Football Plan and Interscholastic.

2. The School Nurse gives parent the blue "Notification of Injury Form" as well as instructions for filing a claim. (Exhibit C)

3. School Nurse advises parents that they must first file with their own insurance carrier. Proof of payment or denial from their insurance company should then be sent along with the blue "Notification of Injury Form" to J. J. Newman and Company, Inc.

EXHIBIT A

DISTRICT: Hicksville U.F.S.D.
Address: Administration Building
Division Avenue
Hicksville, New York 11801

UNITED COMMUNITY INSURANCE COMPANY
33 Elk Street - Albany, New York 12207
(518) 465-0457

STUDENT ACCIDENT REPORT FORM

SECTION I: INJURED PERSON & LOCATION OF ACCIDENT

1. Name: _____ Age____ Grade _____ Phone _____
2. Address: _____ Parent's Name _____
3. School: _____ Specific Area _____
4. School Phone #: _____

SECTION II: ACCIDENT/INJURY INFORMATION

5. Day of Injury: _____ Date: _____ Time: _____
6. Injury & Body Part: _____
7. Activity When Injury Occurred: Gym Class ☐ Recess ☐ Sports ☐ Other ☐ _____
8. 1. Description of Accident: _____
8. 2. Description of First Aid Rendered (See reverse side for details): _____
9. Witnesses: _____
10. Teacher/Supervisor in Charge: _____

SECTION III: FIRST AID & DISPOSITION

11. First Aid by: _____
(Check appropriate box) Returned to Class ☐ Home ☐ Sent to Hospital ☐ Other ☐
12. Method of Transportation _____
13. Parents Notified: Yes ☐ No ☐

SECTION IV: INSURANCE COVERAGE AVAILABLE

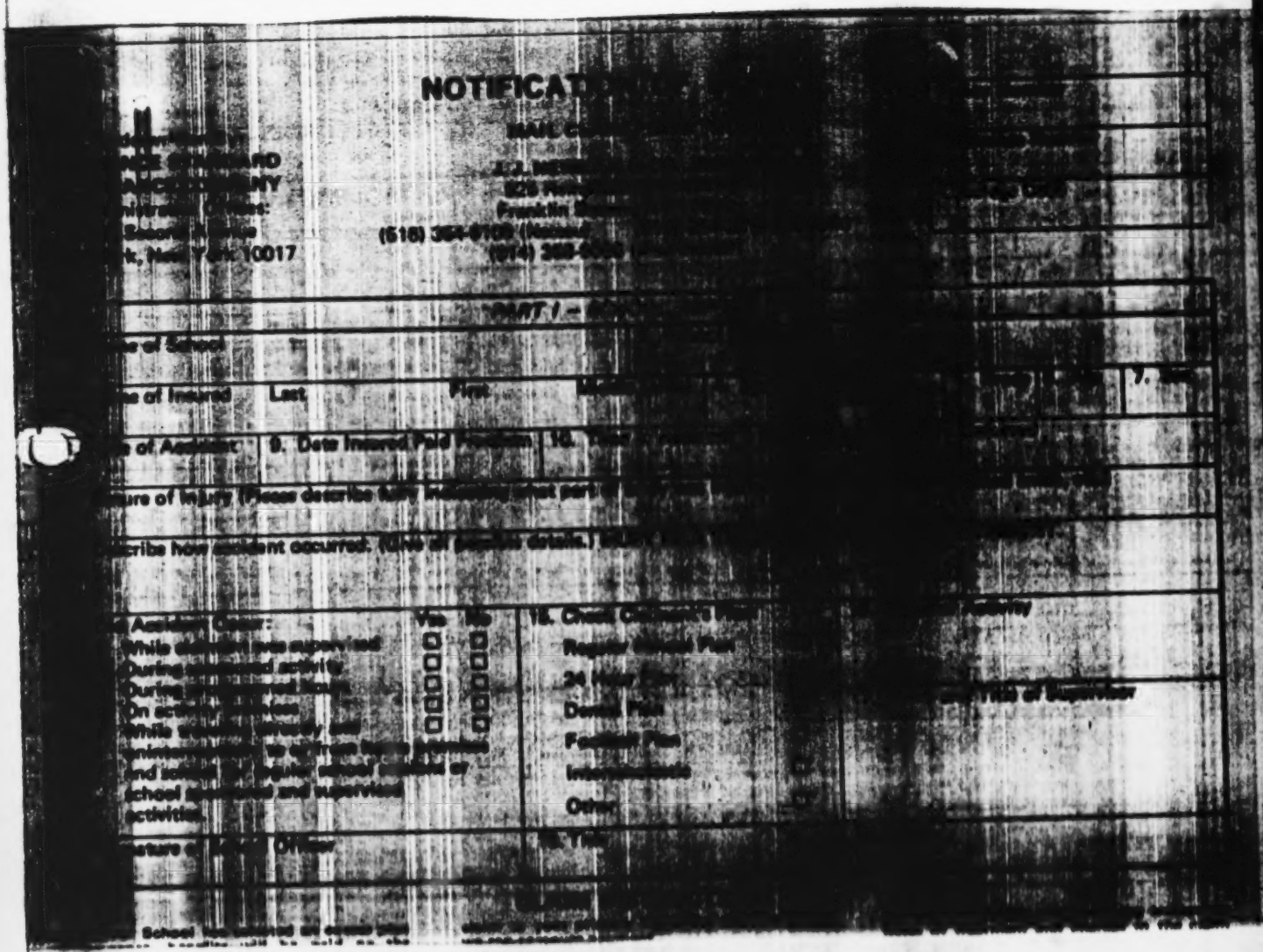
14. Student Accident Plan: Yes ☐ No ☐
15. Parent's Health, Medical/Surgical Coverage _____

SECTION V: FOLLOW-UP INFORMATION

16. Final diagnosis: _____
17. Is further treatment anticipated? _____ Days Missed: _____
18. Summary: _____

Date Prepared: _____ By Whom: _____ Signature: _____

EXHIBIT B



NOTIFICAT

(516) 364-9109

(914) 248-

10017

PART I –

First

Last

9. Date Insured Paid

Yes

No

Other

Other

122

EXHIBIT C

J.J. NEWMAN
& COMPANY, INC.

INSTRUCTIONS FOR FILING A CLAIM

Dear Parent:

Your child is covered by a school time plan of insurance for loss arising from an accidental bodily injury:

....while attending school, during school hours, including summer academic classes
....while traveling directly to and from school for regular school classes
....while attending school sponsored and school supervised activities during the school term.

*THIS POLICY WILL PAY CLAIMS IN EXCESS OF OTHER COVERAGE YOU MAY HAVE ON YOUR CHILD, UP TO THE **USUAL AND REASONABLE EXPENSE** AS DETERMINED BY THE INSURANCE CARRIER.*

To recover medical expenses not reimbursed by your own insurance coverage, follow these steps:

...them to your own insurance company. You will need a copy of ... it is advisable to make copies of

IMPORTANT

YOU MUST FIRST FILE A CLAIM THROUGH YOUR OWN INSURANCE. THIS POLICY PAYS BENEFITS IN EXCESS OF YOUR OWN INSURANCE AT 100% OF "REASONABLE AND CUSTOMARY" CHARGES FOR YOUR AREA. THESE BENEFITS ARE SUBJECT TO ANY DEDUCTIBLES, OR OTHER PROVISIONS. OF YOUR ...

SECTION XI

EMPLOYEE REPORT OF INJURY

Procedure For Written Report of Employee Injury

EXHIBIT A - Employee Accident Report Form #HC-2
EXHIBIT B - Employee Accident Report Statement of Witness #HC-3
EXHIBIT C - Workmens' Compensation Form C-2

PROCEDURE FOR EMPLOYEE INJURY

1. Injured employee must complete "Employee Accident Report Form #HC-2 (Pink) "Statement of Injured Employee". (Exhibit A)

2. Any witnesses to the injury must fill out "Employee Accident Report Form "HC-3 (yellow) "Statement of Witness." (Exhibit B)

3. Both forms HC-2 and HC-3 will be reviewed by the building principal and/or administrator and initialed and returned to the school nurse.

4. The school nurse or building secretary will type the C-2 "Workmens' Compensation form" (white) (Exhibit C).

5. The forms (C-2, HC-2 and HC-3) should all be sent to the Employee Benefits Office.

EXHIBIT A

Hicksville, New York

Employee Accident Report Form #HC-2
STATEMENT OF INJURED EMPLOYEE

This form is to be used by all employees for reporting job-related claims of accidents or illnesses.

EMPLOYEE'S NAME _____ _____ S.S.#_____
Last First Date of Birth

Home Address _____
No. & Street Apt. # City State Zip Code

Position _____

How long have you been working for Hicksville Schools? _____

Marital Status _____

Immediate Supervisor _____

School (or other area) and exact location where injury occurred _____

_____

Date of injury _____ Time of day _____AM _____PM

How did injury occur (Describe fully) _____

_____

_____

_____

_____

_____

_____

_____

What specific machine, tool, appliance, gas, liquid, or other substance or object was most closely connected with this accident? _____

State fully nature of injury

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

Employee Accident Report Form # HC-3

Name of Injured Employee _____

Location where injury occurred _____

Date and time of injury _____

Name of Witness _____ Position _____
Please Print

Instructions: Describe, as accurately as you can what you witnessed regarding the above accident. Be specific, stating whether injured person fell, was struck, etc. State what the injured person was doing at the time of the accident, and what factors, if seen and known, in your judgment, contributed to the accident.

_____

_____

_____

_____

EXHIBIT C

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

EMPLOYER'S REPORT OF INJURY/ILLNESS

Send this notice directly to Chairman, Workers' Compensation Board at address shown on reverse side within ten (10) days after accident occurs. Answer all questions fully. Copy also should be sent to your insurance carrier. This form replaces all previous versions of Forms C-2 and C-2.5.

PLEASE PRINT OR TYPE—INCLUDE ZIP CODE IN ALL ADDRESSES—EMPLOYEE'S S.S. NO. MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO.	CODE NO.	WC POLICY NUMBER	DATE OF ACCIDENT	EMPLOYEE'S S.S. NO.

1.(a) EMPLOYER'S NAME	(b) EMPLOYER'S MAILING ADDRESS	(c) OSHA CASE/FILE NO.
(d) LOCATION (If different from mail address)	(e) NATURE OF BUSINESS (Principal products, services, etc.)	(f) NYS U.I. Employer Reg. No.

2.(a) INSURANCE CARRIER	(b) CARRIER'S ADDRESS
SELF-INSURED CLAIMS ADMINISTERED BY WRIGHT RISK MGMT., INC.	100 GARDEN CITY PLAZA GARDEN CITY, N.Y. 11530
3. INJURED PERSON (FIRST, M.I., LAST)	(b) ADDRESS (Include No. & Street, City, State, Zip & Apt. No.)

ACCIDENT

4. ADDRESS WHERE ACCIDENT OCCURRED		COUNTY	WAS ACCIDENT ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
5. TIME OF ACCIDENT AM PM	6. DEPT. WHERE REGULARLY EMPLOYED	7.(a) DATE STOPPED WORK BECAUSE OF THIS INJURY/ILLNESS	(b) WAS INJURED PAID IN FULL FOR DAY? ☐ YES ☐ NO

INJURED PERSON

8. SEX	9. AGE	10. OCCUPATION (Specific job title at which employed).
11.(a) AVERAGE EARNINGS PER WEEK?		(b) TOTAL EARNINGS PAID DURING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include bonuses, overtime, value of lodging, etc.)
12.(a) PART OR FULL TIME WORKER?		(b) INJURED WORKER'S WORK WEEK (Indicate days of week usually worked).

N

13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED	14. DID YOU PROVIDE MEDICAL CARE? ☐ ☐	IF YES, WHEN?

SECTION XII

FORMS FOR HEALTH OFFICE USE

Procedure for Use of Forms

EXHIBIT A - Annual Student Emergency Phone Numbers
EXHIBIT B - Health Office Treatment Form
EXHIBIT C - Release of Medical Information Form
EXHIBIT D - Nurses Referral Form

PROCEDURES FOR FORMS FOR HEALTH OFFICE USE

I. The first week of the new school year, the school nurse will distribute to each classroom teacher the form, "Annual Student Emergency Number", (Exhibit A) for each student. The forms must be returned promptly to the school nurse and filed for immediate availability.

II. The "Health Office Treatment Form" (Exhibit B) should be used by the school nurse in the event that a parent cannot be reached by phone in order to report/document assessment and/or treatment. The school nurse will keep a copy for her own files.

III. If at any time it is necessary for the school nurse to obtain information from a student's physician, the "Release of Medical Information Form" (Exhibit C) should be completed by the student's parent/guardian and mailed to the physician.

IV. "The Nurse's Referral Form" (Exhibit D) may be used for several different purposes as the school nurse deems necessary. For example:

a) If a student is injured (non-emergency) and the parent/guardian cannot be reached during the school day.

b) If the school physician, after examining the student, feels s/he should be referred to the student's private health care provider.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

ANNUAL STUDENT EMERGENCY PHONE NUMBERS

Dear Parent,

In order that your or a designated person may be reached should a emergency arise, it is necessary for me to have on file in my office, at least two local telephone numbers.

Should the numbers change during the school year, please notify my office immediately with the new number.

Your cooperation is appreciated. PLEASE RETURN PROMPTLY. Thank you.

Health Services

_____
School Phone Number

. . . . . .

_____ _____
Name of Student Grade

_____ _____ _____
Parent of Guardian Home # Work #

Mother_____ _____ _____
Home # Work #

Father_____ _____ _____
Home # Work #

Designated Other Person Relationship Tel. No.

1. _____

2. _____

Family Health Care Provider

_____ _____
Name Tel. No.
(If Applicable)
Custodial Parents Name _____

Telephone No. (home/work) _____

/87

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

HEALTH OFFICE TREATMENT FORM

Date _____

Dear Parent/Guardian,

Your child _____ received treatment from the school nurse today for _____.

Explanation: _____

_____

_____

_____

Please seek medical consultation if necessary.

If you have any questions, please feel free to call me.

Very truly yours,

_____
Health Services

_____
School Phone Number

6/87

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

RELEASE OF MEDICAL INFORMATION

_____
Date

*Dr._____
(name)

_____
(address)

_____
(tel. #)

Dear Sir:

Please release any necessary information regarding my (son) (daughter)_____

to_____ _____
(name) (title)

_____ _____
(school)

_____
(address)

Thank you.

_____
Parent's Signature

_____
Address

*Please be sure Specialist's name, address, and telephone number are completed.

EXHIBIT D

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

NURSES REFERRAL FORM

DEAR PARENT:

_____was seen today by the School Nurse and the following was observed:

_____

_____

_____

_____

_____

_____

_____

Date_____ School Nurse_____

Medical Follow-up necessary: Yes___No___

Physicians Report
Recommendations:

_____

_____

_____

_____

_____

_____
Physician's Signature
and Stamp

6/87

Date:_____

SECTION XIII

FIRST AID AND EMERGENCY PROCEDURES

First Aid (A to Z)

EXHIBIT A - Head Injury Information Sheet

Procedure for Emergency Illness or Injury

FIRST AID (A TO Z)

1) **Airway**

Obstructed - call for emergency help and use abdominal thrusts until emergency help arrives.

Choking - if color is good and patient is able to cough leave alone and reassure. If condition worsens call for emergency help and administer abdominal thrusts. Notify parent if student is transported to hospital.

Never attempt to dislodge any object by inserting fingers or forceps into throat.

2) **Animal and Human Bites**

Cleanse thoroughly with running water and soap. Apply suitable antiseptic and cover with dry sterile dressing. Notify parent and advise to contact private health care provider.

3) **Blisters**

Do Not op listers. Wash affected part with soap and water. Apply dry sterile dressing.

4) **Bruises**

Apply cold compress or ice to the bruised area.

5) **Burns**

Chemical - wash freely with copious amounts of cold water. Apply dry sterile dressing and advise medical treatment.

Friction - cleanse gently with soap and water. Apply petroleum jelly and dry sterile dressing.

Heat - Apply cold water or ice immediately (to reduce the severity of the burn). Apply sterile dressing and advise medical attention if indicated.

6) **Convulsions**

Do Not restrain or insert anything into patient's mouth.

Place on floor or ground away from objects that may cause potential harm.

Loosen tight clothing (ties, belts, collars).

Turn head to one side to prevent aspiration.

Keep area from crowding.

Allow patient to rest after convulsion. Notify parent and check to see that student is under medical supervision.

7) Cuts and Abrasions

Cleanse affected area with soap and water. Apply appropriate antiseptic and dry sterile dressing.

8) Earache

Take temperature. Have child rest. If unimproved notify parent and advise medical attention.

9) Eye Injury

Cover with sterile dressing and have seen by doctor as soon as possible. In case of chemical burns flush eye with copious amounts of water from nose corner out and cover both eyes with sterile dressing. Notify parent and advise medical care immediately.

Foreign Body in Eye

Unless easily removed, cover both eyes loosely with sterile dressing. Notify parent and advise immediate medical attention.

10) Fainting

Fainting can often be prevented by lowering the head between the knees or by lying the person down and raising the legs.

If person has fainted place flat on back, legs elevated. Loosen tight clothing. Apply Aromatic Spirits of Ammonia under the nose for inhalation. DO NOT GIVE ANYTHING ORALLY TO AN UNCONSCIOUS PERSON.

Notify parent, advise.

11) Fractures or Dislocation

If a fracture is suspected, apply cold compress and immobilize. Notify parent and advise immediate medical attention.

12) Frost Bite

Warm affected part gradually by using tepid water or wrapping in blanket or suitable material. If the hands or fingers are affected they may be placed under the armpits.

NOTE: DO NOT RUB PART. Advise medical attention.

13) **Headache**

Take temperature. If child appears ill, have him taken home. Cold compresses may be applied to the forehead.

Be sure to ascertain whether student bumped or injured head.

14) **Head Injury**

Lay person flat, head may be slightly elevated. Apply cold compresses at the site of the injury for 15 to 20 minutes if the skin is unbroken.

If bleeding from the scalp or head, apply pressure with a clean sterile gauze to control bleeding.

Notify parent of injury and if warranted, send home. A head injury information sheet should be given to parent of any studednt who has sustained head injury. See Exhibit A.

15) **Hemmorrhage**

Apply direct pressure over injury and elevate part. Do not apply a tourniquet. Notify parent and advise immediate medical attention.

16) **Hyperventilation**

Try to reassure and calm student. Have student breathe into a paper bag until breating has returned to normal.

17)

	Hypoglycemia Low Blood Sugar	**Diabetic Acidosis** Increased Blood Sugar
History	Insufficient food, excess insulin, excess exercise	Lack of insulin, stress, GI upset, febrile illnes
Onset	Relatively rapid, one to three hours	Relatively slow, four to ten hours or more
Symptoms	Anxiety, sweating, hunger, headache, blurred vision, twitching	Increased thirst and urination, loss of appetite, nausea, vomiting.
Physical Findings	Pale moist skin, full rapid pulse, dilated pupils, rising blood pressure	Red dry skin, soft eyeballs, deep rapid breathing, falling blood pressure
Laboratory Findings	Low blood sugar, sugar-free urine	High blood sugar, high urine sugar
Treatment	A glass of milk or orange juice. Wait 5 minutes. If unimproved, notify parent and advise immediate medical attention.	Notify parent and advise immediate medical attention.

18) **Insect Bites and Stings**

Remove stinger if possible without squeezing. Gently stroke the area to prevent venom sac from rupturing.

Determine if victim has knowledge of previous allergic reaction and observe for symptoms of anaphylactic shock (excessive perspiration, change of consciousness, pallor, or respiratory distress).

If present, direct to physician or hospital immediately.

If no adverse reaction, cleanse with appropriate antiseptic, apply ice or cold compress and dry sterile dressing if necessary.

19) **Menstrual Pain**

Have student rest on cot. If severe and recurrent, advise medical attention.

20) **Muscle Spasm**

Apply cold compresses to affected area. If continuous, advise medical attention.

21) **Neck, Back and Spine Injury**

Immobilize on a firm flat surface. Do not move or change body alignment. Keep warm and as quiet as possible. Notify parent and obtain immediate medical attention.

22) **Nosebleed**

Keep child in sitting position with head in normal alignment. Apply pressure to the area of bleeding until it has stopped. If bleeding persists, or if attacks are frequent, advise medical attention.

23) **Puncture Wounds** (Pen and Pencil)

Wash thoroughly with soap and water, using a brush if necessary. Apply antiseptic and cover with dry sterile dressing. Notify parent and advise medical attention for possible tetanus immunization.

24) **Rashes**

For rashes not associated with internal disease (e.g., impetago, ringworm, poison ivy, prickly heat, scabies, eczema and hives) notify parent and advise.

25) **Shock**

Lay student flat on cot, keep warm. Attend to any injuries the child might have incurred. Symptoms of shock are: pallor, cold and clammy skin, dizziness, nausea, weakness, feeble pulse.

Notify parent and advise medical attention. In case of unconsciousness, DO NOT GIVE ANYTHING ORALLY.

26) **Splinters**

Cleanse area with soap and water. Remove splinter if readily accessible. If imbedded, notify parent and advise medical attention.

27) **Sprains and Strains**

Elevate part, apply cold compresses. Notify parent if condition warrants.

28) **Stomach ache**

Take temperature, send student to bathroom. Have student rest on cot unless s/he appears seriously ill, in which case notify parent and advise medical attention.

29) **Styes**

If stye is open and draining notify parent and advise medical attention. If not draining, apply warm compresses.

30) **Swallowing of Foreign Objects**

If object appears to have gone into stomach, (child is not choking) notify parent and advise that a physician be consulted.

31) **Teeth**

Chipped or broken teeth

Gently clean dirt from the injured area with warm water. Place cold compresses on the face in the area of the injured tooth. Notify parent and advise immediate treatment by a dentist.

Knocked out Tooth

If tooth is dirty, gently rinse it in water. Do not scrub! If possible, hold tooth in it's socket - if not possible place in a container of milk or cool water.

Notify parent and advise immediate treatment by a dentist - (preferably within 30 minutes).

32) **Tick**

Cover tick with glob of vaseline, wait 5-10 minutes and gently remove tick with flat edge tweezers. Wrap tick in tissue and flush in bathroom. Cleanse area with alcohol or other suitable antiseptic.

Notify parent that tick was removed.

33) **Toothache**

Have student rinse mouth with warm water. If swelling is present, place cold compresses on the outside of the cheek. Notify parent and advise treatment by a dentist as soon as possible.

34) **Upper Respiratory Illness**

Colds, sore throat, coughing, sneezing.

Take temperature and clinically assess the condition of the child. Depending on severity of the condition the student should be sent back to class or parent notified and child sent home.

35) **Vomiting**

Take temperature. Have child taken home. Advise medical attention if unimproved.

36) **Wheezing**

Clinically assess the student and notify parent. Reassure student, to relieve anxiety.

EXHIBIT A

HEAD INJURY INFORMATION SHEET

Any person may suffer a head injury. Usually these are not serious. The danger signs indicating that a head injury may be serious are listed below.

NOTIFY YOUR FAMILY DOCTOR if:

1. There is a loss of consciousness at any time.
2. You are unable to arouse the patient from sleep.
   You may allow the patient to sleep after the injury but check frequently that he can be aroused. Check every 1-2 hours during the day and 2-3 times during the night.
3. There is a persistent vomiting. Many patients vomit immediately from fright but the vomiting does not persist.
4. Inability to move a limb.
5. Oozing of blood or watery fluid from the ears or nose.
6. Persistent headache lasting over one hour. The headache will be severe enough to interfere with activity and normal sleep.
7. Persistent dizziness for one hour after the injury.

If there is no break in the skin, just a swelling at the site of the injury, apply cold compresses for 15-20 minutes.

If bleeding from the scalp is persistent, apply pressure with a clean sterile gauze to stop the bleeding.

PROCEDURE FOR EMERGENCY ILLNESS OR INJURY

In the event of a sudden, serious illness or injury of a student or employee, the regulations below are to be followed:

1. a. Call parent or guardian of a student.

   b. Call the emergency telephone number disignated by an employee.

2. If there is no response, call the student's or employee's designated physician.

3. If the designated physician cannot be reached, call the school physician, Dr. Arcati at 931-4285.

4. If Dr. Arcati is not available, call the Hicksville Fire Department emergency number and state the person's condition and the need for emergency service.

HICKSVILLE FIRE DEPT. EMERGENCY NUMBER: 931-0026

If the injury involves possible neck or spinal damage, DO NOT MOVE THE PERSON FOR ANY REASON. If the injured person is conscious, keep him/her still and immobile. Keep the victim warm, watch for signs of shock and comfort the person until the ambulance arrives.

The condition of the injured person must determine the amount of time you spend making calls to find help. Use your professional judgment in determining the seriousness of the emergency. If necessary, omit all the above steps and call immediately for an ambulance. You may then make the other notification calls as necessary.

These procedures are to be posted in the nurse's office and the outer area of the main office in each school. These regulations should be immediately visible and located near a telephone.

The school nurse has the primary responsibility for following these regulations, but in his/her absence any responsible adult in the school must follow these directions.

IMPORTANT EMERGENCY PHONE NUMBERS	
SCHOOL PHYSICIAN	
Dr. Arcati	931-4285
HICKSVILLE FIRE DEPT.	931-0026

SECTION XIV

CUMULATIVE HEALTH RECORD

Data to be Recorded
Confidentiality in Record Keeping
Transfer Within District
Transfer Out of District
Articulation Procedure
Documentation for Health Office Visits

EXHIBIT A - Cumulative Health Record
EXHIBIT B - Medical Conditions Card
EXHIBIT C - Sports Certificate
EXHIBIT D - Sports List
EXHIBIT E - Scoliosis Screening Card
EXHIBIT F - Health Room Card

CUMULATIVE HEALTH RECORD

The following data are to be recorded on the health record by the school nurse. (See Exhibit A) (A substitute nurse is not permitted to write on health record.)

A. Health History

B. Annual medical examinations including sports physicals

C. Yearly height and weight

D. Yearly vision and hearing screenings

E. Immunizations

F. Scoliosis screenings - grades 3 to 11

G. Blood pressure screenings

H. Physician and school nurse observations, assessments and plan

I. List of Acute and/or chronic medical conditions

State Education Law mandates physical examinations in grades K, 1, 3, 7 and 10, and all new entrants regardless of grade.

Screening for visual acuity is required for all students in grades K through 12.

Screening for color perception may be done at the school nurse's discretion - no later than sixth grade.

The plus lens screening is required for all first grade children who do not wear glasses.

Hearing screening test is required in grades K through 7, grade 10, and any other time deemed necessary.

CONFIDENTIALITY IN RECORD KEEPING

- School records, including health records, are legally considered confidential records.

- The Family Education Rights and Privacy Act insures confidentiality of records with respect to third parties.

- Health record information may be shared with personnel of cooperating agencies only with the consent of the parent or guardian. (Release of health records will be in compliance with board policy.)

- Parents are permitted to view any education record with 45 days of their request.

- A parent/guardian may challenge information or material placed in their child's record. The district will determine whether to maintain or remove the information in question. In the event that the district determines not to delete or change the information or material in question, the parent may write a letter of explanation which becomes part of the record.

AVAILABILITY OF HEALTH RECORDS TO SCHOOL PERSONNEL

The school nurse has a responsibility to share with pupil personnel staff and classroom teachers any information which can affect a child's educational progress.

The school nurse should interpret the information to assure that there is no misunderstanding regarding the condition or the professional recommendations.

TRANSFER OF HEALTH RECORDS WITHIN THE DISTRICT

A. TRANSFER BETWEEN ELEMENTARY SCHOOLS WITHIN THE DISTRICT

School nurse collects all health records of transferring student for the secretary to forward with academic records.

B. TRANSFER FROM ELEMENTARY TO MIDDLE SCHOOL

- immunization work sheets to Middle School Health Office by May 1st.
- medical condition cards (Exhibit B) to Middle School Health Office by May 1st.
- sport certificates (Exhibit C) and lists to Middle School Health Office as soon as sports physicals are completed.
- copies of sports lists (Exhibit D) to Director of Athletics Office as soon as sports physicals are completed.
- scoliosis screening card (Exhibit E) and Health Room Card (Exhibit F) are to be filed inside health folder
- health folders to Middle School last day of school - hand delivered by school nurse.

C. TRANSFER FROM MIDDLE SCHOOL TO SENIOR HIGH - Follow above procedure.

PROCEDURE FOR REPORTING OF MEDICAL CONDITIONS FOR INCOMING SEVENTH GRADE STUDENTS

For the purposes of articulation, the "Medical Conditions" card (see Exhibit A) must be filled out by the elementary school nurse by May 1st.

A single card is to be made up for each of the following categories (and any other the school nurse deems worth noting):

Color poor
Need Immunization
Positive Scoliosis Screening
Glasses Worn
Hearing Problems

The school nurse must send the cards to the Pupil Personnel Office by May 1st.

TRANSFER OF HEALTH RECORDS OUT OF DISTRICT

- Original health records may not be transferred out of the school district in which they were initiated. (Non-public schools are considered another school district even though the health services may have been provided by the district from which the child has transferred.)

- When a child transfers to another school district, a copy of the original should be sent to the school district to which the pupil has transferred upon **WRITTEN** request of that district.

DOCUMENTATION FOR HEALTH OFFICE VISITS

- A health room card must be kept for each student attending classes in school (Exhibit F)

- All health office visits must be logged on the card

- The health room card is considered part of the student's health record and follows with the student through his/her school career.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

CUMULATIVE HEALTH REPORT

NAME _____ SEX _____ TELEPHONE:

DATE AND PLACE OF BIRTH _____

PARENT OR GUARDIAN	ADDRESS
1.	
2.	
3.	

IF PARENT NOT AVAILABLE	NAME	ADDRESS	PHONE
IN EMERGENCY CALL:	NAME	ADDRESS	PHONE

SCHOOL NAME AND LOCATION	FAMILY PHYSICIAN	PHONE
1.		
2.		
3.		

HISTORY

	DATE		DATE	CHECK IF HISTORY AND DESCRIBE ON REVERSE SIDE	
CHICKEN POX		DIABETES		ASTHMA OR ALLERGIES	
MUMPS		PNEUMONIA		EAR CONDITIONS	
MEASLES		RHEUMATIC FEVER		FREQUENT COLDS AND SORE THROATS	
GERMAN MEASLES		SCARLET FEVER-SCARLETINA-STREP			
EPILEPSY		HEART DISEASE		OPERATIONS	
ANEMIA		ORTHOPEDIC		SERIOUS ACCIDENT	

PREVENTATIVE MEASURES AND TESTS

	DATE	DATE	DATE	DATE		DATE	DATE	DATE	DATE
MEASLES					DPT				
GERMAN MEASLES					DIPHTHERIA				
POLIO					TETANUS				
MUMPS					T.B. TEST				
SMALLPOX					RESULTS				
PRE-SCHOOL TESTS					CHEST X-RAY				

MEDICAL EXAMINATION (USE MEDICAL CODE LISTED BELOW*)

DATE														
1. AGE														
2. GRADE														
3. EYES														
4. EARS (OTOSCOPIC)														
5. LYMPH NODES														
6. THYROID														

EXHIBIT B

HICKSVILLE SCHOOL DISTRICT

Last Name _____ First Name _____

Address _____

D.O.B. _____

Medically Handicapping condition(s):

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

SPORTS CANDIDATE CERTIFICATE

Name of Student _____ Sex M F Grade _____
Last First M/I circle one

Phone _____ Date of Birth _____

Height _____ Resting Pulse _____ Vision _____ Albumin _____

Weight _____ Exercise Pulse _____ Hearing _____ (Urine) (Analysis) Glucose _____

Blood Pressure _____ Contact Lens/Yes__No__ Prosthesis___ PH _____

Contact or Collision Sports	Endurance Activities	Other
Football	Gymnastics	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Field Sports
Soccer	Cross Country	Cheerleading
Wrestling	Volleyball	Kickline
LaCrosse	Handball	
[illegible]tball	Tennis	

Recommendations:

This student may participate in all Physical Education Class Activities and in Competitive sports, intra-mural and inter-scholastic during the school year_____.

Yes ___ No ___ Comments _____

Reason for Disqualification _____

Date _____ School Physician _____

If a pupil is absent from school for 5 or more days because of illness or because of a significant injury Health Office clearance is required before s/he may return to sports.

Injuries or Illness:

Date	Notes

Name of Coach: _____

Name of Sport: _____

Medical exam to be completed by: _____ Date

ATHLETIC MEDICAL EXAM LIST IN ALPHABETICAL ORDER

FOR HEALTH OFFICE USE ONLY

Last Name	First	Grade & Section Home Rm	Birth Date	Prior Sport Exam	School M.D. Exam	Disqualified	Follow-up Status
Address							
Address							
Address							
ddress							
Address							
Address							
Address							
Address							
Address							
Address							
ddress							

riginal and carbon please - separate list for each grade

School Nurse

EXHIBIT E

HICKSVILLE PUBLIC SCHOOLS

Scoliosis Screening Record

Name _____ Date of Birth _____ Sex _____
(Last) (First)

GRADE	DATE OF 1st SCREENING	RESULTS Pos.	Neg.	DATE OF 2nd SCREENING	RESULTS Pos.	Neg.	DATE OF REFERRAL	REMARKS
3								
4								
5								
6								
7								
8								
9								
10								
11								

alm - 2/83

EXHIBIT F

Form H-100

HEALTH ROOM CARD

Hicksville Public Schools
Hicksville. N.Y.

Name: _____ Emergency Contact: _____

Address: _____ Emergency Tel. #: _____

Home Tel. #: _____ Health Problems: _____

Father's Bus. Tel. #: _____ Mother's Bus. Tel. #: _____

DATE	ILLNESS	DISPOSITION	DATE	ILLNESS	DISPOSITION

SECTION XV

HOME INSTRUCTION

Criteria

Placement Procedures for Physically Handicapped Students

Placement Procedures for Emotionally Handicapped Students

EXHIBIT A - Request for Home Instruction
EXHIBIT B - Notification of Transfer of Student to Home Teaching
EXHIBIT C - Home Instruction Termination

HOME INSTRUCTION

Home Instruction is the most restrictive of all educational placements; therefore, all other educational placements should be fully explored prior to placing a child on home instruction.

Criteria for Home Instruction:

1. Student must reside in the Hicksville School District.

2. Student must be in grades 1-12.

3. a) Student must have an illness or physical handicap which necessitates an absence from school for at least four or more weeks.

   or

   b) Student must be unable to participate in any school programs because of severe emotional problems.

4. Student must submit to the school nurse a request for home tutoring from one of the following: physician, psychologist, chiropractor, hospital, or mental health agency. This request must contain a diagnosis of the student's illness, handicap or emotional problem and the length of time that home instruction is expected to be necessary.

Placement Procedures for Physically Handicapped Students:

1. The school nurse must complete "Request for Home Instruction" form (see Exhibit A) and have the building principal sign it.

2. The school nurse must forward the completed form, along with the physician's request for home tutoring, to the Director of Special Education/Pupil Personnel Services.

3. Any requests which are unclear or questionable, will be referred to the Coordinator of School Physicians for review and comment.

4. If the request for home instruction is approved, the building principal, will be notified in writing as to when home instruction will begin (see Exhibit B)

5. The principal will then notify appropriate personnel. This is to insure that the home tutor will receive the appropriate books, materials, supplies, assignments, and tests necessary for the student.

6. The school nurse must file a copy of the approval for home instruction in the student's Cumulative Health folder and chart all pertinent information on the Cumulative Health Record.

7. The school nurse must periodically follow up on the student's health status by keeping in contact with the home tutor, the parents and/or physician.

8. Any student who has been receiving home instruction for more than three months is to be referred to the Committee for Special Education. The Committee will arrange for the necessary evaluations and will review the case to determine if a less restrictive placement is available.

9. When home instruction is no longer necessary, a physician's note stating that the student may return to regular classes must be submitted to the school nurse and a copy forwarded to the Pupil Personnel Office. This note should also explain any restrictions that the student must adhere to.

10. The building principal, the guidance counselor and the school nurse will be notified in writing (see Exhibit C) as to the date on which the student will be returning to school.

11. The school nurse will file the "Release from Home Instruction" form in the student's Cumulative Health folder and will chart the date that the student returns to regular classes, as well as any restrictions on the Cumulative Health Record.

Placement Procedures for Emotionally Handicapped Students:

1. The school nurse must complete "Request for Home Instruction" form (see Exhibit A) and have the building principal sign it.

2. The completed form, along with requests from physicians, psychologists, hospitals, mental health agencies and school personnel, must be sent to the Committee on Special Education.

3. Pursuant to Section 4402 (1) of the Education Laws, the Committee shall arrange for any necessary evaluations and hold a Committee on Special Education review to determine an appropriate educational placement. To ensure that the student is placed in the least restrictive environment, the Committee is to explore the feasibility of the student's admission to available appropriate public or private school programs before recommending placement on home instruction.

4. If home instruction is recommended by the Committee on Special Education, the following are to be implemented:

   a. The Committee on Special Education shall notify the parent of its recommendation in accordance with Section 4402 of the State Education Law. The notice is to contain the individual educational program to be followed during the period of home instruction.

   b. The Committee on Special Education is to obtain written parental permission for home instruction.

   c. The recommendation for home instruction is to be for a limited time period (not to exceed one school semester).

   d. The Committee on Special Education will review each case at the end of the designated period to determine if home instruction is to be continued. If discontinuation of home instruction is recommended, the Committee on Special Education is to proceed with returning the student to an appropriate school-based program.

   e. If continued home instruction is recommended, the student is to be reviewed by the Committee at least twice annually.

5. After home instruction has been approved, the building principal will be notified in writing on "Notification of Transfer of Student to Home Teaching Form" (see Exhibit B).

6. The school nurse will file a copy of this form in the student's Cumulative Health folder and will record the fact that the student is receiving home instruction on the student's Cumulative Health Record.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

REQUEST FOR HOME INSTRUCTION

Name _____ Grade _____ DOB _____

Address _____ School _____ Hours _____

Home Telephone No. _____ Guidance Counselor _____

Subject: 1. _____ Teacher: _____

2. _____

3. _____

4. _____

5. _____

6. _____

Has parent been contacted? _____ Estimated period of need? _____

MEDICAL DIAGNOSIS: _____

CSE CLASSIFICATION: _____

Is student at home now? Yes ___ No ___ Is student hospitalized? Yes ___ No ___

_____ If Yes _____

EXHIBIT B

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

Pupil Personnel Services
Robert Greenberg, Supervisor, *Special Education*
Administration Building

Date _____

NOTIFICATION OF TRANSFER OF STUDENT TO - EXEMPTION ( )
HOME TEACHING ( )

Name of Student _____

Name of School _____

Address _____ *Tel. #* _____

Birthdate _____ *Grade* _____

Effective date of EXEMPTION _____

HOME TEACHING _____

INSTRUCTION TO THE TEACHER - READ COMPLETELY

EXHIBIT C

HICKSVILLE PUBLIC SCHOOLS

TERMINATION OF HOME INSTRUCTION

TO: _____ _____
PRINCIPAL DATE

FROM: Mr. Greenberg

RE: _____ _____ _____
CHILD'S LAST NAME FIRST NAME DATE OF BIRTH

_____ _____
ADDRESS SCHOOL

_____ _____
GRADE

Home instruction is to be discontinued as of _____

The student is now able to return to school starting _____
DATE

The student has graduated _____
DATE

OTHER:

COPY TO: Guidance Counselor _____

Registration Office _____

Nurse _____

Attendance Teacher _____

6/87

SECTION XVI

TRANSPORTATION

Special Transportation

Use of the Regular Bus for Injured Students

Nurses Role in Minor Bus Accidents

Bus Drills

EXHIBIT A - Request for Special Transportation

TRANSPORTATION

Special transportation is only instituted for five or more days of illness/injury.

Reasons for Requesting Special Transportation:

1. Illness
2. Injury; casts, crutches, wheelchair, etc.
3. Chronic conditions, e.g., asthma.
4. Handicapping conditions, e.g., cerebral palsy.

Procedure for Initiating Special Transportation:

1. The parent/guardian must contact the school nurse to initiate this service.
2. Parent receives form "Request for Special Transportation" (Exhibit A) to be filled out by physician and parent.
3. Completed form is returned to school nurse who makes a copy and forwards original to Pupil Personnel Office.
4. School nurse must inform parent that when completed signed forms are processed, they will be notified by telephone from transportation office as to when the service will begin.
5. Nurse must be sure there is a phone number where parent/guardian can be reached during the day.
6. This process must be recorded on the student's Cumulative Health Record.
7. Any questions regarding the need for special transportation must be directed to the school physician for consultation.
8. The homeroom teacher must be notified whenever a child is placed on special transportation.

Discontinuing Special Transportation:

The parent/guardian is responsible for notifying the school nurse and the transportation office when this service is no longer needed.

School nurse must inform parent of phone number of transportation office.

Hicksville Administration Building, Transportation Office
Telephone Number -- 933-6518.

Regular Bus Students with Casts or Crutches:

Any student who usually rides a regular school bus may continue to do so should they have casts or crutches, providing the parent/guardian submits a written note granting permission for them to board the regular bus.

The school nurse files this note in the Cumulative Health folder and notifies the bus driver of the permission.

Nurses Role in Minor Bus Accidents:

If a bus accident occurs while transporting students to school and the bus driver reports the incident to the principal, the nurse must follow this procedure:

1. Assess the general situation.

2. Determine the status of any injured, and administer first aid, if necessary.

3. Nurse must see all the students on the bus and the driver.

4. After examining students for injury and listing names, the nurse will notify the parent/guardian of each student of the incident.

5. The bus driver is responsible for notifying the transportation office and the bus company of the incident.

6. If the driver is injured and is unable to do so, it will become the principal's responsibility for notification.

TRANSPORTATION OF SICK OR INJURED STUDENTS

Parents/guardian must assume the responsibility for transporting their children home or to a physician in all emergencies or cases of accident or illness.

If the parents cannot be reached or do not have means of transporting their child, the emergency care procedure will be followed (page 141). If transportation is unavailable, the principal will have responsibility for determining the means of transporting the student.

EXHIBIT A

HICKSVILLE PUBLIC SCHOOLS

REQUEST FOR SPECIAL TRANSPORTATION

PART I

TO BE COMPLETED AND SIGNED BY THE PARENT

Name of child_____ Birth Date_____

Address_____ Tel. # - Home:_____

Work:_____

School Attending_____

Grade_____ Hours_____

Date_____ _____

(Signature of Parent)

- - - -

SECTION XVII

CHILD ABUSE

Mandate

Procedures for Reporting

Interviews by Child Protective Service Workers

EXHIBIT A - Report of Suspected Child Abuse or Maltreatment
EXHIBIT B - Child Abuse Information
EXHIBIT C - Sex Violation of Children Information

CHILD ABUSE

Mandate:

The New York State Child Protective Services Act of 1973 mandates that certain groups, including school personnel, report suspected cases of child abuse and neglect.

Failure to report child abuse or maltreatment is a Class A misdemeanor. A person failing to report may be civilly liable for the damages caused by such failure.

Procedure for Reporting Suspected Cases of Child Abuse and Neglect:

1. One administrator in each school building is to maintain responsibility for all cases of suspected child abuse and/or neglect. On the secondary level, the principal may wish to appoint a school level administrator as a designee. If the principal desires, s/he may appoint a staff member as the designee.

2. All school staff is to be instructed that referrals to the Child Protective Services are to be made by the principal or disignee.

3. In all cases of suspected physical abuse, the school nurse, in consultation with the principal, or designee, is to contact the school physician. In such cases, a report should be made immediately to Protective Services.

4. In cases where there is clearly no immediate danger to the child's welfare and safety, and physical abuse is not suspected, the principal, or designee, is to review the merits of the case, collect relevant documentation and act accordingly. In such instances, all school and district resources should be fully utilized prior to referring a child to Protective Services. Resources available within the school and district include the:

   - School Physician
   - School Nurse
   - School Psychologist
   - Guidance Counselors
   - Attendance Teachers
   - Social Worker

It will be the responsibility of the principal, or designee, to coordinate the services of these professionals to ensure that the school has made every effort to assist the student and his or her family. It is essential that careful documentation of all services to the child and family and

attempts at intervention on the part of the school be maintained. Should school intervention fail to resolve the situation, a report should be filed with Protective Services. It will be the responsibility of the principal or designee to determine when it appears that school intervention does not appear to be effective and a referral to Protective Services should be made.

5. In all cases in which a referral has been made to Protective Services, one copy of the Report of Suspected Child Abuse or Maltreatment (DDS-2221-A, Exhibit A) is to be sent to the office of Special Education/Pupil Personnel Services.

Interviews by Child Protective Service Workers on School Property:

Child Protective Service workers and representatives from outside agencies have the right to interview students on school property and during the school day, without parental/guardian consent.

While the State Education Department has determined that, "a school official may decide to be absent during the interview...", it remains the practice of the school district to require the presence of a school official at any and all interviews conducted by outside agencies.

In the event that a prospective interviewer (such as a CPS worker) should maintain that the presence of the school official is not essential to protect the interests of the pupil or that the absence of the school official may increase the likelihood that the CPS worker can accomplish the purposes of the interview, the school official must maintain his or her responsibility to the youngster and suggest that the privacy requested may best be achieved off school property, by the local agency.

Accordingly, despite the liberalization of State Education Department policy, no school official is to permit an interview by an outside agency to be conducted on school property without a school official being present.

EXHIBIT A

ORM DSS-2221-A (REV. 1/81)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

TATE OF NEW YORK — DEPARTMENT OF SOCIAL SERVICES

ORAL RPT. DATE	STATE REGISTRY NO.	LOCAL REGISTRY NO.
TIME ☐ AM ☐ PM	LOCAL CASE NO.	LOCAL AGENCY

Subjects of Report

ist all children in household, adults responsible for household, and alleged perpetrators.

Line No.	Last Name	First Name	M.I.	Aliases	Sex (M, F, Unk.)	Birthdate or Age Mo. / Day / Yr.	Ethnic Code (* Over)	Susp. or Relation. Code (** Over)	Check (✓) If Alleged Perpetrator
1									
2									
3									
4									
5									
6									
7									

☐ MORE

IST ADDRESSES AND TELEPHONE NUMBERS: HOUSEHOLD	TELEPHONE NO.
OTHERS (Give Line Nos.)	TELEPHONE NO.
	TELEPHONE NO.

Basis of Suspicion

lleged consequences or evidence of abuse or maltreatment - Give child(ren)'s line number(s). If all children, write "ALL".

_____ DOA/Fatality	_____ Child's Drug/Alcohol Use	_____ Educational Neglect
_____ Fractures	_____ Drug Withdrawal	_____ Emotional Neglect
_____ Subdural Hematoma, Internal Injuries	_____ Lack of Medical Care	_____ Lack of Food, Clothing, Shelter
_____ Lacerations, Bruises, Welts	_____ Malnutrition, Failure to Thrive	_____ Lack of Supervision
_____ Burns, Scalding	_____ Sexual Abuse	_____ Abandonment

EXHIBIT B

Prepared by Roy Horowitz, M.D.
Chairman, Sub Committee on Child Abuse
Nassau County Pediatric Society

CHILD ABUSE

Reporting: New York State 800-342-3720

Definitions:

Child Abuse: "Under 18 years of age, who has suffered (or is likely to suffer) physical injury to the extent of substantially risking physical or emotional health by non-accidental means when under the care of parent or guardian."

Child Neglect: "Under 18 years of age, whose physical, mental or emotional condition is in danger as a result of improper care by parent or guardian to such an extent that he or she loses self control."

Goal: Early recognition, prevention, protection of child, rehabilitation of family and prevention of further trauma to the child.

Incidence: Two million cases predicted for 1979 of which 30% will have permanent injury and 4% will die.
---45% are 1-4 years of age; 28% under one year; 25% 5-16 years old.
---Of all children seen in Emergency Rooms under four years of age with trauma, in as many as 15%, the etiology is probably abuse.
---The American Academy of Pediatrics considers child abuse a national epidemic.

Recognition: A HIGH INDEX OF SUSPICION IS NECESSARY

1. Injury inconsistent with history.
2. Inappropriate delay in seeking help.
3. Multiple lesions in different stages of healing.
4. Shape of instrument on skin.
5. X-rays: Old or unexplained fractures.

Parent Profile: Young
Emotionally immature
Impulsive
Burden with economic and marital problems
Unwilling and unable to accept family responsibility
Narcisstic
Egocentric
Demanding

Emergency Room Management: Should be simple and straightforward.

1. Consider this diagnosis in all cases of trauma to small children.
2. If the diagnosis is seriously suspected, ADMIT. Say, "The injury requires further study and evaluation." NEVER ACCUSE OR CONFRONT PARENTS. Consult attending physician or social worker with experience in this area.
3. Obtain detailed history of injury. Are these inconsistencies between history and physical exam ?

Legal Aspects: The law requires physicians (or anyone else) to report suspicion of child abuse or neglect. Failure to do so is a Civil Misdemeanor. The physicians role is primarily to protect the child and to provide medical information which will aid in reaching a legal decision. If abuse is obvious and not reported, the physician is liable.

Complications: Several studies indicate a mortality in 25-50% of those children who have been abused, seen in Emergency Rooms with trauma where the diagnosis of abuse has been missed, and released to the home where battering recurs.

NB The physicians role is to protect the child, accurately describe physical findings and history and aid rehabilitating the family, not to make legal decision.

EXHIBIT C

SEX VIOLATION OF CHILDREN

Prepared by Roy Horowitz, M.D.
Chairman, Child Protection Team
Nassau Hospital, Mineola New York

orting: Police 911
Nassau County Protective Services (if parent, guardian or custodian involved) 535-437
Victims Information Bureau of Suffolk (for free confidential counseling) 924-6700

initions: A. Rape: Forcible sexual intercourse against ones will. The penis is inserted into the genitalia. Ejaculation not essential.
B. Statutory Rape: As for rape but occurring with victim below a legally set age, with or without consent. In New York, under 18.
C. Sexual assault: Manual, genital (non coital) or oral contact with the victims genitalia without consent. No labial penetration by penis.
D. Incest: Sexual intercourse between persons too closely related to contract a legal marriage. Parent, sibling, uncle, aunt, nephew or niece. Sec.255.25 of Penal Law N.Y.

l: To treat psychic and physical trauma, prevent disease and pregnancy, and provide a proper medico-legal examination with documentation.

idence: All ages: 56,000 cases reported in 1974 nationwide.
Unofficial estimates in children: 200,000-500,000 cases yearly. Most are unreported, 65% are incestuous, or known to the victim.

rgency Room Guidelines:

1. Registration should be expedited with minimal questions.
2. Examination area should be private and quiet.
3. With patient: Doctor, Nurse and a companion (parent or trained sympathetic individual) to give reassurance, emotional support, and act as liason between patient and hospital and legal personnel.
4. Calm and reassure patient and parents.
5. Discover greatest fear of patient and address this; be it pregnancy, disease, publicity, or fear of seeing rapist again.
5. Complete "Sex Violation" form. Do not draw conclusions which is a task for the court.
7. History should be patients account, not an interrogation.
3. If incest, admit to hospital if possiblity of returning to rapists environment exists.
9. Before physical examination:
   a. Discuss need for exam and give emotional support.
   b. Do not undress until ready to examine.
   c. Complete examination should be performed, with genital exam last.
   d. Attending pediatrician and obstetrician should perform exam, since a house officer may not be considered an "expert witness" by the court.
). Psychiatrist should be consulted.
1. If hymen intact, rape has not occurred (perhaps assault) and speculum not indicated, especially in smaller child.
2. Retest in six weeks for venereal disease and if pubertal, pregnancy.
3. Ongoing councelling often necessary.

mplications: 1% die
1-4% become pregnant if post pubertal
1:30 may contract gonorrhea
25-30% have physical trauma
Psychiatric sequella common in later life. Guilt, dependency conflicts, prostitution, lesbianism, frigidity, etc.

3 CONSIDER SEX VIOLATION A PSYCHIATRIC EMERGENCY
EXUAL INTERCOURSE CAN OFTEN BE MEDICALLY PROVEN. RAPE MUST BE LEGALLY PROVED.

SECTION XVIII

SUBSTITUTE SCHOOL NURSE

Instructions for Substitute School Nurse

Important information for Substitute School Nurse

HICKSVILLE PUBLIC SCHOOLS

SUBSTITUTE SCHOOL NURSE INFORMATION

Please be advised re work substitute nurses permitted to do:

1. Only First Aid. See section on First Aid for instructions in care and/or treatment.

2. Substitutes have been instructed;

   any illness or injury requiring more care than First Aid Procedures permit, is to be referred to parents, medical care advised, and is classed as reportable - therefore requiring preliminary write up.

3. Preliminary accident reports, if required by situation - are to be filled out signed and left for regular school nurse.

4. Pediculosis check.

5. Heights and Weights <u>with</u> teacher present.

6. Physical examination with physician - providing there are no specific problems. Identification of student has been stressed.

7. Substitute nurses are <u>not to record anything</u> on permanent records - substitutes to pull record and clip note to it.

8. <u>Only</u> recording by substitute nurse to be done on Health Room Card (re health room visits).

9. Decision as to work substitute permitted to do rests with Supervisor, i.e. school assignment of the substitute is based largely upon the type of work scheduled for the particular day that substitute is required.

10. Vision and Hearing testing to be done <u>only by regular nurse</u>.

11. All mail,
    physician's notes
    health information, (arriving during your absence)
    health room cards
    preliminary reports (accident, etc.)
    records with note attached are to be placed together in separate stack with note to regular nurse.

12. Substitute nurses are not to leave school unless school covered by neighboring school nurse. Principal's office staff to be informed as to nurse covering during absence.

    It has been especially requested that substitute nurses plan to lunch in school assigned for the day.

HICKSVILLE PUBLIC SCHOOLS
Hicksville, New York

School _____

Address _____

Tel. No._____

INFORMATION HELPFUL TO SUBSTITUTE NURSE

1. Nurse's home telephone no. _____
2. School physician
   Name _____ Tel. No._____
3. Pupil Personnel Supervisor _____
4. Principal _____
5. Health Services Coordinator _____
   Tel. No._____
6. Police _____ Tel. No._____
7. Hospital _____ Tel. No._____
8. Neighboring School Nurse _____
   Name
   School _____
   Tel. No. _____
9. Other information _____

_____

_____

Bibliography

Arena, Kathleen R.N.,C. and Dalo, Margaret R.N., compiling a Procedure Manual for Health Services in the school setting, Hicksville Public Schools, Hicksville, New York. 1987.

Bryan, Doris S. School Nursing in Transition. C. V. Mosby, St. Louis. 1973

Hicksville Public Schools. Hicksville Board of Education Policy Reference for Health Services. Hicksville, New York. 1985.

Nassau County Department of Health. Pamphlets on Contagion Mineola, New York. 1987.

Newton, Jerry, School Health Handbook. Prentice-Hall Inc., New Jersey. 1984.

State Education Department, Bureau of Health and Drug Education. State Guidelines for Health Services. Albany, New York. 1987